

SECTION A: Consumer Information

Please print legibly or type all fields except as noted. Middle Name (N/A for none) First Name Last Name Suffix (Jr., Sr., III, etc.) if applicable: Date of Birth: Month Day Year Social Security Number: Complete Current Address: (Note: All information sent to you will be mailed to this address) Street Address: Apt. # (optional): City: Zip: Phone Numbers (optional): (Area Code) Number (Area Code) Number Home# Cell# Home# Cell# Work# Email Address (optional): **SECTION B: Disputed Information** Please provide a description of the item(s) being disputed. You may attach documents to support your dispute (e.g. court documents).

SECTION C: Authorization Release

Please complete the following release form to auth	orize the reinvestigation of disputed items contained in your file.
l,	authorize the release of any information to The
	ning to my consumer report and/or investigative consumer n the course of the reinvestigation that I have requested.
Signature:	Date:
By signing this form, either electronically or wri	itten, I authorize the reinvestigation as stated above.
Please mail, fax, or e-mail this request to reinv	estigate information to:
The Reference Company	
Attention: Compliance Dept.	
39425 Garfield Road, Ste 22	
Clinton Twp, MI 48038	

Important Consumer Information:

Email: mailbox@referencecompany.com

Phone: (586) 228-1022 Fax: (586) 228-2323

In accordance with the Consumer Financial Protection Board's Fair Credit Reporting Act, reinvestigations of disputes may take up to thirty (30) days. Upon receipt of this properly completed Reinvestigation Form, The Reference Company will complete the investigation of your dispute. Upon completion of our reinvestigation, we will issue a final consumer report to both you and the potential employer that originally received our report, noting any changes or corrections.

If you have any questions or concerns, please contact The Reference Company's Compliance Department at (586) 228-1022.