



In order for Shield Screening to fully process your request for a copy of your consumer report or to dispute inaccurate or incomplete information contained on your consumer report, you will be required to submit the following information:

Section 1: CONSUMER INFORMATION AND IDENTIFICATION

Full Legal Name: _____
Social Security Number: _____
Date of Birth: _____
Current Mailing Address: _____
City/State/Zip: _____
Telephone Number: _____
Email Address: _____
Name of Company and/or Residency Applied to: _____
Approximate Date(s) of Original Application: _____

Section 2: NATURE OF CONSUMER DISPUTE OR INQUIRY

For Consumer Disputes: Please be specific in what items you are disputing. If additional documentation is available to substantiate your dispute, please include that information with this dispute form.

Section 3: AUTHORIZATION FOR RELEASE OF COPY OF REPORT

I, _____ (Print Name), hereby certify that I am the individual named above. By signing below, I hereby authorize, without reservation, Shield Screening to furnish me with a free copy of my consumer report. I understand that my consumer report contains personal, identifying information (and may contain a criminal history on me, if applicable) which I have privacy interest in, but pursuant to this authorization I hereby authorize Shield Screening to mail my consumer report to the above-listed mailing address.

Consumer Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID

And return all documents to Shield Screening at the following:

Email: info@shieldscreening.com

Fax: Attn Consumer Disputes, 800-737-5184

Mail: Shield Screening Consumer Disputes, 11719 South Memorial, Bixby, OK 74008

Missing or incomplete information may lead to delays in processing. For additional questions regarding your request for a consumer report or consumer dispute, please contact Shield Screening at 800.260.3738