

National Application Processing & Screening, Inc.

REQUEST FOR DISCLOSURE FORM APPLICANT DISPUTE FORM

Section I: Purpose of your request (please check only one)

- Send me a copy of all Consumer Reports you have obtained on me.
- I have received a copy of my report and would like to dispute certain information contained in the report.

Indicate the reason for your dispute below. Please be as specific as possible. Attach additional page(s) if necessary. NOTE: If additional pages attached, indicate number of pages here: _____

Please check this box if you would like another free copy of your report:

Section II: Information for sending reports

Send the consumer reports to me by mail or by FAX. Fax #: _(_____)_____

Mailing address: _____

Section III: Applicant Information and Authorization

Full name: _____

Date of Birth: _____ SSN: _____

Daytime phone #: _(_____)_____ Email: _____

I hereby authorize NAPS, Inc. to send me a copy of my consumer reports in the manner chosen above.
I also authorize NAPS, Inc. to discuss all consumer reports with me over the telephone.

Signature: _____ Date: _____

Please Fax or Mail this form with a "legible" copy of your driver's license to: Toll-Free Fax: 866-425-5129

NAPS, Inc. Dispute Center
1920 3rd Avenue North
Bessemer, AL 35020

If you have any questions, please call our Consumer Dispute Center Toll-Free: 866-425-9671.