



<b>Section 1. Please complete the following information:</b>			
<b>First Name:</b>	<b>Middle Name</b>	<b>Last Name:</b>	
<b>Suffix: (Circle one, If Applicable) Sr, Jr, II, III, IV, V, VI, VII, VIII, IX</b>			
<b>Street Address: (Incl. Apt)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Social Security Number:</b> - -	<b>Date of Birth:</b>	<b>Phone</b> ( ) -	

<b>Section 2. Records to Dispute</b>		
<b>PUBLIC RECORD ITEM</b>	<b>CASE/DOCKET NUMBER</b>	<b>REASON FOR DISPUTE</b>

For a quicker response, please return this form for the disputes you may have. This form is optional. Any support documentation and a copy of your government issued ID may also be helpful. Origen Screening will notify you by mail of the completed investigation and send you a copy of the results.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send This Form To:  
Origen Screening Consumer Assistance  
27777 Franklin Road, Suite 1570  
Southfield, MI 48034**