



Mail completed form to:
Smart Screening
Attn. Disputes
ViG Tower 1225 Ave. Ponce de León
Suite 906
San Juan, PR 00907

Name: _____

Middle Name: _____

Last Name: _____

Mother's Maiden Name: _____

Last 4 Digits SSN: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Type of ID: _____ ID Number: _____

Place of Emission: _____

Contact Phone Number: _____

E-mail Address: _____



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Thoroughly indicate which information about your report you consider is incorrect or incomplete:

Lined area for providing feedback on the report.

Employer's Name: _____

___ I authorize Smart Screening to contact me.



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Consumer privacy is important to Smart Screening. The Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., (the "FCRA"), is the federal statute that regulates consumer background reports, and makes it a crime for persons to knowingly and willfully obtain consumer background report information from consumer reporting agencies such as Smart Screening, under false pretenses.

By submitting your Dispute Form to Smart Screening or otherwise disputing your consumer report information with Smart Screening, please understand that you are certifying to Smart Screening that: (i) you are the individual consumer whose information you are disputing; (ii) the personal and contact information you provide is complete and accurate to the best of your knowledge; (iii) the information you are disputing is inaccurate or incomplete; and (iv) you understand that you may contact Smart Screening's Customer Service Department at any time to ask questions about the Dispute Form and the dispute process (including the ability to submit your dispute by telephone or regular mail)

Name

Signature

Date