

Agile Intel Group
Notice of Consumer Dispute

Dear Consumer,

In order for us to proceed with an inquiry of your dispute you must complete and return the following paperwork along with providing a clear copy of a government issued photo identification. Enlarge identification document as it greatly enhances its legibility. You can mail, fax, or email these documents to us. If the copy of your photo identification is not clear the reinvestigation will be delayed. Email, or mail (USPS) to:

Email: info@agileintelgroup.com

ATTN: Compliance Department
Agile Intel Group
9121 Anson Way, 200
Raleigh, North Carolina 27615

We will research your disputed information free of charge within 30 days. If we determine the dispute is related to data from a third party, we will convey notice of the dispute to each data furnisher that is subject to your dispute. Each data furnisher will complete the research within 30 days from the day they receive the notification of your dispute. Once completed, they will forward the results of the research to Agile Intel Group. We will then provide you with the research results we received from each data furnisher.

Please note that if you provide us with additional, relevant information prior to the time of completion of the original review, the time period for research may be extended to 45 days.

We will also notify the employer who requested your background check/background screening report of your dispute, as well as provide them with our findings once the research has been conducted.

If you have any questions concerning this matter, please contact us at:
info@agileintelgroup.com

Sincerely,
Agile Intel Group
Compliance Department

Agile Intel Group
Notice of Consumer Dispute

INSTRUCTIONS: In order to process the dispute of your background check/background screening report you must complete, sign, and return all pages of this form. **YOU MUST ALSO SEND US A COPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION BEARING YOUR SIGNATURE.** Please call Agile Intel Group Compliance Department at info@agileintelgroup.com if you have any questions.

***** PRINT USING BLACK INK *****

Last Name: _____ First Name: _____

Other names used (including maiden name): _____

Last 4 Digits of SSN: _____ Date of Birth: _____

Mailing Address: _____
Street Address City State Zip

Telephone: (Home) _____ and/or (Work) _____

Signature: _____ Date: _____

NOTE: A hand-written signature is required

☐ By checking this box, I agree and consent to receiving electronic communications including, but not limited to, documents, notices, and disclosures, which Agile Intel Group provides in connection with my consumer report. I understand that I also have the option to receive this communication via United States Postal Mail if requested, but unless otherwise specified; all communication regarding my dispute will be delivered and received via electronic communication.

Agile Intel Group
AUTHORIZATION FOR REVIEW OF CONSUMER DISPUTE

AUTHORIZATION FOR REVIEW CONSUMER DISPUTE You have requested that Agile Intel Group review the background check/background screening report that was conducted on you. By signing below, you hereby authorize without reservation, any party or agency contacted by Agile Intel Group to furnish any information needed to complete the review of your consumer dispute. Further, you understand this release will permit any present or former employer, school, police department, criminal record depository, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Agile Intel Group with any and all background information in their possession regarding you, that is required to complete the reinvestigation of your consumer dispute.

You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Print/Type your First and Last Name:

Last 4 Digits of SSN:

Date of Birth:

Signature:

NOTE: A hand-written signature is required

Agile Intel Group

AUTHORIZATION FOR REVIEW OF CONSUMER DISPUTE

I wish to dispute the accuracy and/or completeness of the information appearing in my background check/background screening report concerning the screening elements that I have checked below.

- ☐ Criminal Record
- ☐ Driving Record
- ☐ Employment Verification
- ☐ Education Verification
- ☐ Credit
- ☐ Other

Please provide a detailed explanation of the information that you are disputing:

☐

Check this box and attach a separate sheet if you need more space

Agile Intel Group
AUTHORIZATION FOR REVIEW OF CONSUMER DISPUTE

If you are disputing information specifically related to the Credit Report contained in your background check/background screening report, you will need to complete and provide the following additional pages:

TransUnion Consumer Dispute Information:

Please provide details on why items on your credit report may be inaccurate. (Make copies if more than 3 accounts)

Company Name: _____

Account : _____

This information is inaccurate because:

- ☐ This is not my account
- ☐ I have never paid late
- ☐ This account is in bankruptcy
- ☐ This account is closed
- ☐ I have paid this account in full Credit
- ☐ I paid this before it went to collection or before it was charged off
- ☐ Other: _____

Agile Intel Group
AUTHORIZATION FOR REVIEW OF CONSUMER DISPUTE

Company Name: _____

Account : _____

This information is inaccurate because:

- ☐ This is not my account
- ☐ I have never paid late
- ☐ This account is in bankruptcy
- ☐ This account is closed
- ☐ I have paid this account in full Credit
- ☐ I paid this before it went to collection or before it was charged off
- ☐ Other: _____

Company Name: _____

Account : _____

This information is inaccurate because:

- ☐ This is not my account
- ☐ I have never paid late
- ☐ This account is in bankruptcy
- ☐ This account is closed
- ☐ I have paid this account in full Credit
- ☐ I paid this before it went to collection or before it was charged off
- ☐ Other: _____

Enter Previous Address/Employer Corrections and Additional Comments (Optional):
Please use this space for corrections to your previous address information, corrections to your previous employer information and for additional comments.