

# Request for Investigation

## Your options for requesting an investigation

- Initiate an investigation at <https://dispute.transunion.com> or
- Complete and return this form to the address at the end of this form

## Once you submit your dispute:

- TransUnion will contact the company that provided the information (lender or public record source) with a request to verify the accuracy of the information.
- The company will then advise TransUnion whether any changes should be made to the information.
- Upon conclusion, usually within 30 days of the date we receive your request, a report reflecting the results of the investigation will be mailed to you via first-class U.S. mail. Please allow 3-5 business days for mail delivery following the completion of our investigation.

## Step 1 - Enter Personal Information

Please enter the following required information:

Name	File Number (FIN)
Other Name(s)	
Address	
( ) Telephone Number(s)	Employer
Social Security Number	Date of Birth (mm/dd/yy)
Driver's License Number	

## Step 2 - Enter Investigation Details

Please provide details on why items on your credit report may be inaccurate. Use additional space on the back of the page if necessary.

Company Name:
Account #:
This information is inaccurate because:
<input type="checkbox"/> This is not my account
<input type="checkbox"/> I have never paid late
<input type="checkbox"/> This account is in bankruptcy
<input type="checkbox"/> This account is closed
<input type="checkbox"/> I have paid this account in full
<input type="checkbox"/> I paid this before it went to collection or before it was charged off
<input type="checkbox"/> Other: _____
_____
_____

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\_\_\_\_\_  
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\_\_\_\_\_  
**Account #:**

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

### Step 3 - 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

### Step 4 - Return this form to:

TransUnion Consumer Solutions  
P.O. Box 2000  
Chester, PA 19022-2000

