

# REINVESTIGATION REQUEST

## Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

(Check one if applicable):  Jr.  Sr.  Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Full Current Address: (Information will be mailed to this address if applicable)

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Numbers (Optional):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Current Email Address (optional) : \_\_\_\_\_

Check here to have the results of your dispute reinvestigation delivered via email to the address specified above.

Check here to have the results of your dispute reinvestigation sent to the company that made the original request.

## Section B: Disputed Information

You may include supporting documentation – i.e. expungement papers or other court documents to support your dispute. Per the Fair Credit Reporting Act (FCRA), reinvestigations of disputes may take up to 30 days.

Provide a description of the item(s) that you are disputing. \_\_\_\_\_

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**Section C: Authorization Release**

Please complete the following release to authorize the reinvestigation.

I, \_\_\_\_\_, authorize the release of any information to RSAI and its agents, pertaining to my licensure check for volunteering/ employment / residency in the course of the reinvestigation that I have requested.

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

Date: \_\_\_\_\_

Please mail, fax or e-mail this completed form to:

RSAl Licensure Program  
1201 63<sup>rd</sup> Street  
Des Moines IA 50311  
Phone: 515-251-5970 ext. 2  
Fax: 515-251-5985