

Date

Name

Address

City, State Zip

Dear Mr/Ms. \_\_\_\_\_:

Your application for employment with \_\_\_\_\_ has been denied. This decision was made, in whole or in part, based upon information obtained from:

Credential Check Corporation  
575 East Big Beaver Road  
Suite 300  
Troy, Michigan 48083-1300  
Toll-Free: (888) 689-2000  
Toll-Free Fax: (877) 689-1500

This letter and enclosed report are sent to you in compliance with the Fair Credit Reporting Act

Please note, Credential Check Corporation DID NOT make the decision to take the adverse action and is unable to provide you with the specific reasons as to why the adverse action was taken.

Sincerely,