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<DATE>

<EMPLOYEE>

<THEIR ADDRESS>

<THEIR CITY, STATE, ZIP>

Dear <EMPLOYEE NAME>:

We regret to report that our company is unable to continue your employment with the Company. This decision is based on information obtained through a recent <specify the type of check> check for the state(s) of <States>, as previously authorized by you as a condition of your continued employment with our company.

The consumer-reporting agency furnishing this information had no further participation in the resulting employment decision, and therefore cannot provide you with a reason for the determination. In accordance with the Fair Credit Reporting Act, you have a right to obtain a free copy of the report from the provider within 60 days of this action. For your convenience, we are providing you with a copy of this report. We suggest you contact the state agency that provided this report if you would like to dispute the accuracy or completeness of this report. Please refer to the attached document, *A Summary of Your Rights Under the Fair Credit Reporting Act*, for further details regarding the dispute resolution process.

Sincerely,

<Name>

<Position Title>