

**Dear USIS Consumer Reporting Agency:**

**Enclosed is a legible copy of my current driver's license and social security card.**

Pursuant to the enclosed Limited Power of Attorney and accompanying documentation I am requesting a copy of any and all records stored in your databases including but not limited to the employment index database, motor vehicle records, criminal records, workers compensation reports, drug/alcohol records (including information in your controlled substance file), etc.

In addition, I am requesting a listing of any companies making inquiries into my records for the last 2 years.

The following reason(s) qualify me to receive my record:

- I have been denied employment based on information contained in my records.
- I am entitled to one free copy of my records annually. I have not received my free copy prior to this request.
- I believe there is fraudulent information contained in my records.

I hereby appoint DACfix.com as my designated Limited Power of Attorney. To communicate with the USIS dba DAC Services and it's employees to request Consumer Report(s), submit dispute(s) related to the accuracy and/or completeness of Report information and submit consumer rebuttal statement(s) on the consumer's Report maintained by USIS.

Third parties may rely upon the representation of my agent as to all matters relating to any power granted to my agent, and no person who may act in reliance upon the representations of my agent or the authority granted to my agent shall incur any liability to me or my estate as a result of permitting my agent to exercise any power.

This warranty shall bind my heirs, devisees and personal representatives. My Limited Power of Attorney / Agent is authorized to seek on my behalf and at my expense: (a) a mandatory injunction requiring compliance with my agent's instructions by any person, organization, corporation, or other entity obligated to comply with instructions given by me, or (b) actual and punitive damages against any person, organization, corporation, or other entity obligated to comply with instructions given by me who negligently or willfully fails or refuses to follow such instructions.

**Please return my reports to my Limited Power of Attorney, DACfix.com  
facsimile # 1-866 813-4274**

Signature \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_