



# Credit Bureau Dispute Form

Please complete this form in its entirety.

**Full Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

OSFA reports to the four national credit bureaus listed below. Please mark which bureau's report you are disputing.

**Experian**                       **Equifax**                       **Transunion**                       **Innovis**

Account number(s) as listed on credit report \_\_\_\_\_

PLEASE PROVIDE A COPY OF THE CREDIT REPORT THAT SUPPORTS YOUR DISPUTE. THE CREDIT REPORT MUST BE FROM ONE OF THE ABOVE AGENCIES.

Please check the appropriate box(es) which best describes the information you believe to be incorrect.

**Balance:**                       **Reported As \$** \_\_\_\_\_ **Should Be \$** \_\_\_\_\_  
 **Account Paid Off**

**Payment:**                       **Not Reported**  
 List payment dates (provide cancelled check copy)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Not past due**  
 **Last Payment Date** \_\_\_\_\_

**Credit Status Incorrect:**     **Reported As** \_\_\_\_\_ **Should Be** \_\_\_\_\_  
 **Not My Loan**  
 **Other** (describe below)

Provide as many details as you can, accompanied with appropriate documentation to support your dispute:

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

*If your dispute is based on possible fraud, please provide a copy of your driver's license and social security card.*

I state under penalty of perjury that the statements I have made on this report are true and accurate to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this form and the supporting documents to:

**Florida Department of Education**  
**Office of Student Financial Assistance**  
**Post Office Box 7019**  
**Tallahassee, Florida 32314-7019**  
**Telephone: 800-366-3475 • Fax: 850-922-1484**  
**E-mail • OSFAStudentLoans@fldoe.org**