

Kilgore College Clinical Medical Assistant Acceptance Packet

What You Need to Do Next:

To register for Clinical Medical Assistant and secure your spot, send all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline **August 8, 2025**.

Important Notes: Payment is due at Registration

- You are not officially registered until we have received all required documents.
- This is a high-demand course with a maximum of 14 students, and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.

If you are emailing your documents, please download a PDF scanner app such CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:

Bert E. Woodruff Adult Education Center
220 N. Henderson Blvd.
Kilgore, Tx 75662

Step 1 - Drug Test & Background Check:

- DATCS Authorization Forms are attached and will need to be taken with you to facility
- Must be completed within 3 days of receiving this packet
- Cost: \$48; Background \$30.00, Drug Test \$18.00- (paid by student)
- Location: Drug and Alcohol Testing Compliance Services (DATCS)
 - 4000 Hwy 259 North, Longview, TX
- A positive drug test or background issue will disqualify you from the program

Step 2 - Submit Required Documents:

Please email or deliver clear copies of the following:

- Driver's License or State Issued ID
- High School Diploma, Transcript, or GED
- Childhood Immunization Records
 - MMR, TDAP, Varicella, Flu Vaccine (if seasonal appropriate), Hepatitis B, Negative Tuberculosis Skin Test
 - If you do not have access to immunization records you will need to have a Titer blood testing completed
- If documents are missing, you will be notified by email
- Please utilize checklist included in this packet to verify you have all required documents
- DO NOT send your documents until you have EVERYTHING, please send it all in 1 email
- DO NOT wait on test results to turn in documents. They send the results directly to us.

Step 3 – Make Tuition Payment & Purchase Textbooks

- When you have turned in all documents, you will receive an email titled “Registration Complete” with the next steps of the registration process
- Textbooks for this course are to be purchased via Amazon:
 - Hartman’s Medical Assisting: The Basics 1st Edition - \$62.50
 - ISBN: 978-1604251487
<https://a.co/d/fzidmTI>
 - Hartman’s Workbook for Medical Assisting: The Basics - \$25.00
 - ISBN: 978-1604251494
<https://a.co/d/5SBDndo>
- If paying out of pocket payment is due at registration
- If using Grants; instruction on how to apply are attached (TRUE, TPEG)
 - Please notify us if you plan to utilize one these grants

Class Details

- **Location:** Kilgore College – Longview Campus, Hendrix Building, Room #309
 - 300 S. High St Longview, Tx 75601
- **Duration:** 18 Weeks - August 25, 2025 - January 22, 2026
- **Schedule:**
 - Meets On Campus Monday & Tuesday 9am – 2pm
 - Meets Online Wednesday & Thursday 9am - 2pm
 - Skills lab meet on Friday (Starts on Week 14) 8am – 12pm
 - Preassigned Clinical (Starts on Week 14) Monday - Thursday 9AM-4PM/ 1 Hour Lunch
 - Calendar attached with breakdown of schedule
- **Tuition:** \$2,000 (NHA Certification Exam included with tuition)

Required Supplies

- **Attire:** Charcoal gray scrubs, comfortable leather tennis shoes, no crocs
- Stethoscope
- Textbook & Workbook
- Notebook, pens/pencils, 5 subject spiral notebook
- Laptop or Tablet with reliable internet service

If you have any questions, please contact **Ginger Jackson** at gjackson1@kilgore.edu.



WORKFORCE DEVELOPMENT COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Date: _____

Social Security #: _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Business or Cell Phone () _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ If no, what country? _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?

2. Please select the racial category or categories with which you most closely identify.

Course Name

Start Date

Medical Assistant Checklist

Name _____ Student ID _____

 Copy of Driver's License

_____ Copy of High School Diploma/Transcript/GED

_____ Copy of MMR Titer _____ Dose #1 _____ Dose #2 _____

_____ Varicella (Chickenpox) Titer _____ Dose #1 _____ Dose #2 _____

Influenza Vaccine (If Seasonal Appropriate, October - May)

_____ Hepatitis B Vaccine Titer _____ Dose #1 _____ Dose #2 _____ Dose#3 _____

_____ Negative Tuberculosis Skin Test (within 6 months) Date Given _____ Date Read _____

_____ Negative Drug Test

 Clear Background Check

Registration Form

_____ TDAP (10 years) _____

[illegible]

HOW TO APPLY FOR TRUE GRANT

- Complete the current year FAFSA at www.studentaid.gov
- Contact Amber Paredes within the three days following. Her contact information is as follows:

Amber Paredes
(903) 983-8217
e-mail aparedes@kilgore.edu

- Email Texas Aid Programs Statement of Student Eligibility form to Amber and inform her of which course you are enrolled in and would like to see if you qualify to the TRUE grant.
 - This form must be notarized

Please feel free to reach out if you have any questions or concerns.



TEXAS AID PROGRAMS STATEMENT OF STUDENT ELIGIBILITY

Student Name: _____

Student ID#: _____

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit www.sss.gov.

Please mark one option below:

- ☐ I was born female and not required to register.
- ☐ I was born male and am under the age of 18 and not currently required to register.
- ☐ I was born male and am REGISTERED with the Selective Service.
- ☐ I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.
- ☐ I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the area below.)

Please see page 2 for further questions related to eligibility for State aid.

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled substances Act), or under the law of another jurisdiction?

☐ No

☐ Yes *

I, _____, am not required to make any child support payments under any court order because either (*check one*):

☐ I do not have any children

☐ I am not obligated to pay child support

OR

Check box to confirm:

☐ I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

I, _____, hereby certify that the statements provided above are true and accurate.

Student Signature: _____ **Date:** _____

This section must be completed by a Notary Public.

BEFORE ME, the undersigned authority, on this day personally appeared _____ and being by me first duly sworn, did state under oath the following:

My name is _____. I am fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this _____ day of _____, _____.

(Affix Seal)

NOTARY PUBLIC, STATE of _____

AUGUST 2025

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	orientation 10-11	20	21	22	23
24	Class Start 9-2 on Campus	25 9-2 on-Campus	26 Online	27 Online	28	29
30						
31						

SEPTEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
	Campus Closed Labor Day	1	2	3	4	5
		9-2 on-Campus	Online	Online		6
7	8	9	10	11	12	13
	9-2 on-Campus	9-2 on-Campus	Online	Online		
14	15	16	17	18	19	20
	9-2 on-Campus	9-2 on-Campus	Online	Online		
21	22	23	24	25	26	27
	9-2 on-Campus	9-2 on-Campus	Online	Online		
28	29	30				
	9-2 on-Campus	9-2 on-Campus				

OCTOBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
			Online	Online		
5	6	7	8	9	10	11
	9-2 on-Campus	9-2 on-Campus	Online	Online		
12	9-2 on-Campus Columbus Day	13	14	15	16	17
		9-2 on-Campus	Online	Online		18
19	20	21	22	23	24	25
	9-2 on-Campus	9-2 on-Campus	Online	Online		
26	27	28	29	30	31	
	9-2 on-Campus	9-2 on-Campus	Online	Online		

Orientation: August 19, 2025 10:am-11:00am on Campus

On-Campus 9am-2pm Mon&Tues

Online: Wed&Thur

On Campus 8am-12pm Fridays(Starts week 14)

Clinical 9am-4pm/ 1 hour lunch Mon-Thur(Starts week 14)

NOVEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3 9-2 on-Campus	4 9-2 on-Campus	5 Online	6 Online	7	8
9	10 9-2 on-Campus	11 9-2 on-campus Veterans Day	12 Online	13 Online	14	15
16	17 9-2 on-Campus	18 9-2 on-Campus	19 Online	20 Online	21	22
23	24 9-4 Clinicals	25 9-4 Clinicals	26 Campus Closed	27 Campus Closed Thanksgiving Day	28 Campus Closed	29
30						

DECEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
	1 9-4 Clinicals	2 9-4 Clinicals	3 9-4 Clinicals	4 9-4 Clinicals	5 8-12 Skills Lab	6
7	8 9-4 Clinicals	9 9-4 Clinicals	10 9-4 Clinicals	11 9-4 Clinicals	12 8-12 Skills Lab	13
14	15 Campus Closed	16 Campus Closed	17 Campus Closed	18 Campus Closed	19 8-12 Skills Lab	20
21	22 Campus Closed	23 Campus Closed	24 Campus Closed	25 Christmas	26 Campus Closed	27
28	29 Campus Closed	30 Campus Closed	31 Campus Closed			

JANUARY 2026

SUN	MON	TUE	WED	THU	FRI	SAT
				Campus Closed New Year's Day 1	2 8-12 Skills Lab	3
4	5 9-4 Clinicals	6 9-4 Clinicals	7 9-4 Clinicals	8 9-4 Clinicals	9 8-12 Skills Lab	10
11	12 9-4 Clinicals	13 9-4 Clinicals	14 9-4 Clinicals	15 9-4 Clinicals	16 8-12 Skills Lab	17
18	19 Campus Closed M L King Day	20 9-4 Clinicals	21 9-4 Clinicals	22 9-4 Clinicals	23	24
25	26	27	28	29	30	31

Orientation: August 19, 2025 10:am-11:00am on Campus

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Clinical 9am-4pm/ 1 hour lunch Mon-Thur(Starts week 14)



AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: _____ **Account Number:** _____

Company DER: _____ **Phone:** _____

Fax: _____

Donor Name: _____ **Donor SSN** _____

Scheduled Date: _____ **Notification Expiration Time:** _____

*****STUDENTS ARE RESPONSIBLE FOR ALL
FEES ASSOCIATED WITH DRUG TESTING**

REASON:

- ☐ **DRUG TEST \$18.00**
- ☐ **ALCOHOL TEST**
- ☐ **BACKGROUND \$30.00**
- ☐ **OTHER TEST:** _____

- ☐ Pre-employment
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ Return-to-Duty
- ☐ Follow-Up
- ☐ **Pre-Access



SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview	frontdesk@datcs.com	Fax	903-234-1948
Bossier City	frontbossier@datcs.com	Fax	318-212-1128
Tyler	fronttyler@datcs.com	Fax	903-534-5983
Wichita Falls	wffront@datcs.com	Fax	940-264-8808

From the time a donor is notified by a company representative to submit to a drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site.
*By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company's drug/alcohol policy. Once the testing process begins, I will not be allowed to leave the premises. I acknowledge that leaving the facility will be reported as a **REFUSAL to test**.*


DONOR SIGNATURE:



AUTHORIZATION

BACKGROUND CHECK & MVR

I acknowledge receipt of the Background Check Disclosure and A Summary of Your Rights under the FCRA, and certify that I have read and understand both documents. I hereby authorize Company to obtain background check information, including consumer reports and investigative consumer reports, about me from Drug & Alcohol Testing Compliance Services, (DATCS), or another third-party consumer reporting agency (Peopletrail, Daper UT), for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com, another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original and used at the company's discretion for the duration of my employment.

First Name: _____ Middle: _____ Last Name: _____
Maiden
or Suffix: _____ Date of Birth: _____ Social Security #: _____
Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ County/Parish: _____
Driver's License #: _____ State Issued: _____ CDL? ☐ Yes ☐ No
Prospective Employer: KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM Store # (if applicable): _____
 Authorizing Signature: _____ Date: _____



EMPLOYMENT BACKGROUND CHECK DISCLOSURE

DONOR COPY

KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM

____ ("Company") may obtain information about you from Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com, or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

New York and Maine residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York residents only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon residents only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

Washington State residents only: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Pennsylvania: If an employer rejects an applicant based in whole or in part on criminal record information, the employer shall notify the applicant in writing of such decision and its basis, and shall provide the applicant with a copy of the criminal history report. The employer shall allow the applicant ten (10) business days to provide evidence of the inaccuracy of the information or to provide an explanation.

Arkansas Residents only: To protect the rights of employees and applicants for employment you have the right to request of an employee or an applicant for employment, employer that receives background check information regarding an employee or an applicant for employment shall provide a copy of the background check information to the employee or applicant for employment.

**CALIFORNIA BACKGROUND CHECK NOTICE DISCLOSURE****DONOR COPY**

KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM

_____ ("Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of a background check, also known as an "investigative consumer reports" and "consumer credit reports" under California law, obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com. The source of any credit report will be TransUnion / TransUnion Consumer Solutions, PO Box 2000, Chester, PA 19022-2000, 800-916-8800. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



**NEW YORK STATE CORRECTION LAW ARTICLE 23-A, SECTION 753
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

DONOR COPY

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.



Summary of Your Rights Under the Fair Credit Reporting Act

DONOR COPY

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.



- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:****CONTACT:**

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	d. National Credit Union Administration Office of Consumer Protection (OCP) 1775 Duke Street Alexandria, VA 22314
d. Federal Credit Unions	
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357