



# **Disclosure**

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# A Summary of Your Rights Under the Fair Credit Reporting Act

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Please complete, sign and return this form to SMU Human Resources by:

Fax: 22 8 -9 By e-mail: 20 In person: 20	d þ	2
Name of Department Contact:		_ Phone:
Department/School: If you have questions, please contact the De		_ rces at 214-768-



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