



Iowa Department of Human Services
Scheduled Credit Reporting Conference

Date: _____
Case Number: _____

Date of Review: _____
Time of Review: _____
Method of Review: _____
Contact Person: _____

Telephone #: _____

You requested a conference of the Proposed Release to Credit Reporting Agencies. Above is the scheduled date and time for your conference. If you cannot make this appointment, please reschedule at least 24 hours in advance. To reschedule your appointment, contact the person named above.

Your conference is limited to the information on the Notice of Proposed Release to Credit Reporting Agencies. The conference will cover the amount of the qualifying balance. No other issues will be discussed. You may present documented information about your balance.

Enclosed you will find a certified payment record. Please review it to make sure the information matches your records.