

FILE DISCLOSURE REQUEST

Important Notice: Obtaining information under false pretense is illegal. Obtaining a file on someone other than you is punishable by law. To process your request please complete the form below. **Please print clearly.** (An unreadable request form will be returned to you as unprocessed. An unsigned form will be returned to you as unprocessed. A form received without a legible and valid driver's license, or other government issued photo ID will be returned to you unprocessed.)

1. LOAN INFORMATION

Optional, only needed if your request is associated with a denial or notice of adverse action)

Date Loan Declined: Creditors Name:

2. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

3. ADDRESS & FAX INFORMATION

Your file disclosure will be mailed to this address **only if** it matches the address on your government issued photo ID, otherwise provide additional proof of this address such as a utility bill, mortgage statement, lease agreement, etc.

Address (Street, PO Box, Apt. #):

Please note that your File Disclosure will be mailed to this address. If you wish to receive this file via FAX, please provide your Fax number, below.

City: State: Zip:

Fax Number (By providing your fax number, you authorize Clarity Services, Inc. to fax your file):

4. IDENTITY INFORMATION

Social Security Number (Do not include hyphens or dashes when printing your social security number)

Driver's License Number State Driver's License Issued Date of Birth (MM/DD/YYYY):

If your address does not match the address listed on your government issued photo ID, further proof of address will be required. Examples: Photocopy of utility bill, mortgage statement, lease agreement, etc.

5. APPROVAL

Give Me My Score Signature Date (00/00/00):

To order by mail: PO Box 5717, Clearwater, FL 33758 (Mail this form, a copy of government issued photo ID.)

To order by fax: 727-712-9040 (Fax this form and a copy of government issued photo ID.)

