

REMOVAL OF A FRAUD ALERT OR ACTIVE DUTY ALERT

To process your request please complete the form below. **Please print clearly.** Request forms that are illegible, unsigned, or are not accompanied by a legible copy of your current driver's license, state issued ID, social security card or other document that verifies your identity, may delay processing of your request until a legible copy is received.

1. NAME

Last: First: Middle:

2. ADDRESS INFORMATION

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

City: State: Zip:

3. CONTACT INFORMATION

Email: Phone:

This address is for correspondence purposes only. We will not send your updated file disclosure or other personal information via email.

Fax Number (By providing your fax number, you authorize clarity services, inc. to fax correspondence pertaining to your fraud alert.):

4. IDENTITY INFORMATION

Social Security Number (Required: 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):

(Photocopy still required)

5. ALERT REMOVAL

Remove an Initial (90 day) Fraud Alert Remove an Extended (7 Year) Fraud Alert. Remove an Active Duty Alert.

6. APPROVAL

By signing this document you certify that the information you provide is accurate and complete and you are authorizing Clarity Services, Inc. to fulfill your selected request above.

Signature Date (00/00/00):

To request by mail: PO Box 5717, Clearwater, FL 33758 | **To request by fax:** 727-712-9040 (Fax this form along with a legible copy of your Driver's License, State ID or other identifying document to this fax number.)

