

SECURITY FREEZE REQUEST

To process your request please complete the form below. **Please print clearly.** (An unreadable or unsigned request form will not be processed.)

1. NAME

Last: First: Middle:
Maiden Name (Or other last name used):

2. CONTACT INFORMATION

Confirmation of your Security Freeze may be mailed to your mailing address or faxed to the fax number identified below, if provided.

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

City: State: Zip:

Email: Phone:

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

3. 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):

The Security Freeze will remain in place unless you direct us to remove it. In the future, if you wish to either temporarily or permanently remove the security freeze, either for a specific party or period of time, you will need to contact us with your request, provide proof of your identity, and provide the PIN.

4. APPROVAL

By signing this document, I am requesting that a Security Freeze be placed on my file with Clarity Services, Inc.

Signature Date (00/00/00):

To request by mail: PO Box 5717, Clearwater, FL 33758 | To request by fax: 727-712-9040 | To request by phone: 866-390-3118

