

## PRESCREEN OPT-OUT Request Form

This form is not for the purpose of requesting a copy of your consumer file.

### 1. NAME

Last:  First:  Middle:

### 2. ADDRESS INFORMATION.

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

City:  State:  Zip:

### 3. IDENTITY INFORMATION

Social Security Number (Do not include hyphens or dashes when printing your social security number.):  Date of Birth (MM/DD/YYYY):

### 4. PRESCREEN OPT-OUT

Select One:  5-Year Opt-Out  Permanent Opt-Out  Opt-In

### 5. APPROVAL

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 telephone: 866-390-3118

