

CREDIT SCORE 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. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

2. ADDRESS AND EMAIL INFORMATION

Your credit score 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 or bank statement.

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

City: State: Zip:

Email (By providing your email address, you authorize Clarity Services, Inc to send you a secured email link to access your credit score.):

*Please note that your credit score will be mailed to this address. If you wish to receive this file via email, please provide your email address above.

3. IDENTITY INFORMATION

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

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 or bank statement.

4. APPROVAL.

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: 972-390-5743 (Fax this form and a copy of government issued photo ID.)

