

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: 972-390-5743

To request by telephone: 866-390-3118

