

## TEMPORARILY LIFT OR PERMANENTLY REMOVE A SECURITY FREEZE

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 copy of your current driver's license, state issued ID, social security card or other document that verifies your identity will be returned to you unprocessed.)

### 1. NAME

Last:  First:  Middle:

Maiden Name (Or other last name used):

### 2. ADDRESS & FAX INFORMATION

Confirmation of your Security Freeze will be mailed to this address **only if** it matches the address on your gov't issued photo ID, otherwise provide additional proof of address such as a utility bill, mortgage statement, lease agreement, etc.

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

City:  State:  Zip:

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

### 3. 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):

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, lease agreement, etc.

Please enter your existing unique personal identification number "PIN"

#### Please select one of the following options:

Temporary lift an existing Security Freeze for the following time period: Date from  to   Permanently remove an existing Security Freeze

### 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 order by mail:** PO Box 5717, Clearwater, FL 33758 | **To order by fax:** 972-390-5743 (Mail or fax this form along with a copy of your driver's license, state ID or other identifying document to this fax number.)

