

Clarity Report Request

To process your request, you may complete this form; however, use of this form is entirely optional and is not required. Please print clearly. (An unreadable request form will not be processed.)

1. LOAN INFORMATION

Optional and only needed if your request is associated with a denial or notice of adverse action.

Date Loan Declined: Creditor's Name:

2. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

3. ADDRESS AND EMAIL INFORMATION

Address (Street, P.O. Box, Apt. #):

City: State: Zip:

Email:

4. IDENTITY INFORMATION

Social Security number (Do not include hyphens or dashes when printing your Social Security number):

Date of Birth (MM/DD/YYYY):

5. APPROVAL

Give Me My Score: Signature: Date (MM/DD/YYYY):

To request by mail: P.O. Box 5717, Clearwater, FL 33758 | To request by fax: 972-390-5743

