

Removal of a Fraud Alert or Active Duty Alert Form

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. NAME

Last:

First:

Middle:

2. ADDRESS INFORMATION

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

City:

State:

Zip:

3. CONTACT INFORMATION

Email:

Phone:

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. ALERT REMOVAL

Remove an initial
(1-year) fraud alert :

Remove an extended
(7-year) fraud alert:

Remove an active
duty alert:

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
(MM/DD/YYYY):

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

