

Clarity Score 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. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

2. ADDRESS AND EMAIL INFORMATION

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

City: State: Zip:

Email:

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. APPROVAL

Signature: _____ Date
(MM/DD/YYYY):

To request by mail: P.O. Box 16 Allen, TX 75013 | To request by fax: 972-390-5743

