

Prescreen Opt-Out Request 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. 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 (MM/DD/YYYY):

To request by mail: P.O. Box 16 Allen, TX 75013 | To request by fax: 972-390-5743 | To request by phone: 866-390-3118

