

## Security Freeze 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. CONTACT INFORMATION

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

City:  State:  Zip:

Email:  Phone:

### 3. IDENTITY INFORMATION

Social Security number (Do not include hyphens or dashes when printing your Social Security number):  Date of Birth (MM/DD/YYYY):

The security freeze will remain in place unless you direct us to remove it. In the future, should you wish to remove or temporarily lift the security freeze at Clarity, please contact us with your request along with the PIN number provided at time of placement of your security freeze.

### 4. APPROVAL

By signing this document, I am requesting that a security freeze be placed on my file with Clarity Services, Inc.

Signature:  Date (MM/DD/YYYY):

**Request by Mail:** P.O. Box 16 Allen, TX 75013 **Phone:** 866-390-3118 **Web:** consumers.clarityservices.com

