

Temporarily Lift or Permanently Remove a Security Freeze 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:
Maiden Name (Or other last name used):

2. ADDRESS

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

3. IDENTITY INFORMATION

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

Date of Birth (MM/DD/YYYY): Please enter your existing unique personal identification number (PIN):

Please select one of the following options:

Temporary lift an existing security freeze for the following time period: Date from to Permanently remove an existing security freeze:

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):

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

