



Innovis Credit Report Request

Your Information *denotes a required field

First Name *

Middle Name

Last Name *

Suffix

Phone Number *

xxx-xxx-xxxx

Social Security Number *

xxx-xx-xxxx

Date of Birth *

mm/dd/yyyy

Current Address

Address *

City *

State *

ZIP *

Required Documentation

Please include the following when making your request.

1. Proof of Current Address : copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.
2. Proof of Name : copy of government-issued ID, Social Security card, birth certificate, marriage license, Medicaid or Medicare card.

Mail to

Innovis Consumer Assistance
PO Box 1689
Pittsburgh, PA 15230-1689