

Request Type * *Denotes a required field. We require this information to verify and protect your identity.

- Request a Security Freeze
- Temporarily lift a Security Freeze

Date from — Date to

mm/dd/yyyy mm/dd/yyyy

- Specific third party temporary lift

Third party name * Date from Date to

mm/dd/yyyy mm/dd/yyyy

- Permanently remove an existing Security Freeze
- Request a new Freeze Confirmation Number for an existing Security Freeze

Freeze Confirmation Number *

This field is only required when performing an action on an existing Freeze

Are you a victim of identity theft? **Yes**, I am a victim of identity theft **No**, I am not a victim of identity theft

Your Information

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 *

By submitting this form, you are requesting that we place a Security Freeze on your Innovis Credit Report or that we perform an action to an existing Security Freeze. We will send you a confirmation letter by mail.

Required Documentation Please include the following when making your request.

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

Mail to

Please provide any documentation in support of your Freeze request

Innovis Consumer Assistance
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