innovis

Security Freeze Request

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 (mm/dd/yyyy) — Date to (mm/dd/yyyy)
- ◯ Temporary lift for a specific third party — Third party name * — Date from (mm/dd/yyyy) — Date to (mm/dd/yyyy)
- ◯ Permanently remove an existing Security Freeze
- ◯ Request a new Freeze PIN for an existing Security Freeze

Freeze PIN:*

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 *

Required Documentation

Please include the following when making your request.

1. **Proof of Current Address:** Please provide valid documentation displaying your current address information, such as a copy of your current and unexpired government-issued ID (e.g., driver's license, state ID card), recent utility bill (e.g., cable/internet, water, gas, electric), current signed lease showing the lease expiration date, recent paystub, recent W2 or recent bank or credit union statement.

2. **Proof of Name:** Please provide valid documentation displaying your name, such as a copy of your current and unexpired government-issued ID (e.g., driver's license, military ID, passport, state ID card), Social Security card, birth certificate, marriage license, Medicaid or Medicare card or recent W2.

To learn more about other forms of acceptable documents visit the Supporting Documents page in the Learning Center on Innovis.com.

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 and, if applicable, Security Freeze PIN by mail (please allow 7-10 business days for mail delivery).

Mail to

Please mail this form and the documentation in support of your request to:

Innovis Consumer Assistance
PO Box 530088
Atlanta, GA 30353-0088