



# Innovis Credit Report Request

Please type or write your information in the space provided below.

## Your Information

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

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 include one of the following: copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.

**2. 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

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