



Innovis Credit Report Request

Your Information *denotes a required field

First Name *	Middle Name
<input type="text"/>	<input type="text"/>
Last Name *	Suffix
<input type="text"/>	<input type="text"/>
Phone Number *	Social Security Number *
<input type="text"/>	<input type="text"/>
<small>xxx-xxx-xxxx</small>	<small>xxx-xx-xxxx</small>
Date of Birth *	
<input type="text"/>	
<small>mm/dd/yyyy</small>	

Current Address

Address *		
<input type="text"/>		
City *	State *	ZIP *
<input type="text"/>	<input type="text"/>	<input type="text"/>

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