



Fraud & Active Duty Alert Request

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

- Initial Fraud Alert (1 year)
 Extended Fraud Alert (7 years)
 Remove Fraud Alert
 Active Duty Alert (1 year)
 Remove Active Duty Alert

Your Information

First Name *

Middle Name

Last Name *

Suffix

Primary Phone Number

Alternate Phone Number

xxx-xxx-xxxx

xxx-xxx-xxxx

Date of Birth*

Social Security Number*

mm/dd/yyyy

xxx-xx-xxxx

Current Address

Address *

City *

State*

ZIP*

Required Documentation

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.

By submitting this form, you are requesting that we place an Alert on your Innovis Credit Report or that we perform an action to an existing Alert. We will send you a confirmation letter by mail. Potential creditors may use your phone number(s) to contact you and verify your identity.

Mail to

Please provide any documentation in support of your Alert request

Innovis Consumer Assistance
PO Box 26
Pittsburgh, PA 15230-0026