Innovis®

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

xxx-xxx-xxxx

Alternate Phone Number

xxx-xxx-xxxx

Date of Birth*

mm/dd/yyyy

Social Security Number*

xxx-xx-xxxx

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 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 (please allow 7-10 business days for mail delivery). Potential creditors may use your phone number(s) to contact you and verify your identity.

Mail to

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

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