Innovis Credit Report Request

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

☐ Display full Social Security Number on credit report

☐ Display full account numbers on credit report

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 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.

We will send a copy of your Innovis Credit Report 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