

Request Type * *denotes a required field

- Request a Security Freeze
- Temporarily lift a Security Freeze
 - Date from — Date to
 - mm/dd/yyyy mm/dd/yyyy
- Specific third party temporary lift
 - Third party name *
 - Date from Date to
 - mm/dd/yyyy mm/dd/yyyy
- Permanently remove an existing Security Freeze
- Request a new Freeze Confirmation Number for an existing Security Freeze

Freeze Confirmation Number *

This field is only required when performing an action on an existing Freeze

Are you a victim of identity theft? **Yes**, I am a victim of identity theft **No**, I am not a victim of identity theft

Your Information

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 *

By submitting this form, you are requesting that we place a Security Freeze on your Innovis Credit Report or that we perform an action to an existing Security Freeze. We will send you a confirmation letter by mail.

Mail to

Please provide to the address below any documentation in support of your Freeze request:

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