

## Security Freeze Request Form

Info in shaded areas is required. PLEASE PRINT CLEARLY!!

<b>Last Name</b>		<b>Suffix (Sr., Jr., III, etc.)</b>
<b>First Name</b>	<b>Middle Name</b>	
<b>Social Security Number</b>	<b>Date of Birth (Month-Day-Year)</b>	<b>Gender (M/F)</b>

**Current Address** (may not be a P.O. Box)

<b>Street Address</b>	<b>Apt. #</b>	
<b>City</b>	<b>State</b>	<b>ZIP</b>

**Mailing address** (if different)

<b>Mailing Address</b>	<b>Apt. #</b>	
<b>City</b>	<b>State</b>	<b>ZIP</b>

<b>Driver's License Number</b>	<b>Driver's License State</b>
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I certify that I am a resident of \_\_\_\_\_ and I request that LexisNexis® Risk  
(state you reside in)  
Solutions Inc. not release my personal information without my express authorization.

**Signature**

**Date**

**Telephone Number**