



Consumer Report Request Form

If the information in a consumer report supplied to an insurance company or employer through iiX has been a factor in an adverse action being taken against you by that insurance company or employer, iiX will supply you with a copy of the consumer report. To process your request, please print legibly and provide all information requested.

CONSUMER INFORMATION

FULL NAME:

Last Name	First Name	Middle Name	Suffix
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ALTERNATE/ PRIOR NAMES:

Last Name	First Name	Middle Name	Suffix
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Last Name	First Name	Middle Name	Suffix
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DATE OF BIRTH: / /
MM / DD / YYYY**DRIVER'S LICENSE NUMBER:**/ /
State DL#**SOCIAL SECURITY NUMBER (LAST 5 DIGITS):** _____**Name of Ordering Insurance Company or Employer**

ADDRESS INFORMATION

CURRENT:

Street#	Street Name	Unit/Apt#	City	State	Zip
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PRIOR:

Street#	Street Name	Unit/Apt#	City	State	Zip
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CONTACT INFORMATION

Phone Number: _____ Email Address: _____

By signing this request form, I acknowledge that I am the person named in this release form. I have recently had an adverse action taken on me as a result of the consumer report mentioned above. I hereby request a copy of that report.

Signature: _____ **Date:** _____

Mail fully completed and signed request form, along with proof of identity and proof of mailing address, to:

iiX (Attn: Compliance Dept)
1574 Crescent Pointe Pkwy
College Station, TX 77845

OR

Fax form to: 201-748-1019
Email form to: iix-fcra@verisk.com
Attn: Compliance Department

Response will be mailed within 30 days of receipt of this form.

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