

Request a Security Freeze

You may request a LexisNexis® Risk Solutions Security Freeze on yourself, your minor child or on behalf of someone for whom you have legal authority. Please submit a separate request for each individual and complete all the appropriate items on the request form. Once we have received your completed Security Freeze Request Form and verification documents, it will take one day to process your request.

You may request a security freeze using one of the following options:

- **Online:** Submit your request online by completing our Security Freeze Request Form here: <https://consumer.risk.lexisnexis.com/freeze>
- **Mail:** Complete and submit a written request by U.S. Mail at:
LexisNexis® Risk Solutions Consumer Center
Attn: Security Freeze
P.O. Box 105108
Atlanta, GA 30348-5108

To submit a security freeze by U.S. Mail, use the printable Security Freeze Request Form below:

- **Phone:** If you have any questions, please feel free to call the LexisNexis Risk Solutions Consumer Center at **888-395-0277**.

Protecting Your Information Through Authentication

1. Why do I need to provide personal information?

Your personal identifying information, such as your Social Security number and date of birth, is only used to confirm your identity and to make sure that the person ordering the report is really you. The LexisNexis Risk Solutions process is similar to the authentication process used by banks, credit card companies and other organizations that require sensitive personal information to make sure that unauthorized individuals do not access your personal information by phone or by mail.

2. What do you mean by “confirm your identity,” “verify your identity” and “authentication”?

These are terms used to describe the process of verifying that the person ordering the report is really you. We cannot provide a report to someone merely claiming to be a certain person because the risk of fraud is too great.

3. Will the information that I provide be provided or sold to other companies?

No. The information that you provide will only be used by LexisNexis Risk Solutions for authentication and consumer disclosure purposes. We compare the information you provide against existing data in our system to verify your identity. It will not be provided or sold to any other company.

4. Have criminals been able to access information supplied during the authentication process from LexisNexis Risk Solutions in the past?

No. Information supplied by the consumer directly to LexisNexis Risk Solutions for authentication purposes is not distributed to, or accessible by, third parties.

5. Is there another way that I can place a Security Freeze without going through authentication?

The most secure method to make sure that your **Security Freeze** goes to you and you alone is for you to supply us with the proper identity information that can be matched against existing data in our system to verify your identity.

Security Freeze Request Form

Please provide all information requested, so that we may properly process your order.

Full Name:

_____ Last Name	_____ First Name	_____ Middle Name	_____ Suffix (e.g., Sr., Jr. , III)
--------------------	---------------------	----------------------	--

Alias or Maiden Name:

_____ Last Name	_____ First Name	_____ Middle Name	_____ Suffix (e.g., Sr., Jr. , III)
--------------------	---------------------	----------------------	--

Date of Birth : ____ / ____ / ____ **Gender:** M F **Social Security Number :** ____ - ____ - ____
Month/Day/Year

Driver's License Number: _____ **State Issued:** _____

If your driver's license has been reissued within the last three (3) years, please provide your prior driver's license number and the state where it was issued below.

Prior Driver's License Number: _____ **Prior State issued:** _____

Current Address: _____

Mailing Address: _____

(if different) _____

If you have lived at your residence address for less than three (3) years, please enter your last residence address below:

Prior Address: _____

If a report from LexisNexis Risk Solutions has impacted your ability to obtain auto, home or property insurance, please provide the name of the Insurance Company and the Reference Number.

Insurance Company Name: _____

Reference Number: _____ **Email Address:** _____

Signature: _____ **Date:** _____ **Phone #** _____

(Required)