

Pursuant to §609(e) of the FCRA (Fair Credit Reporting Act) and in the interests of those parties effected by Identity Theft Fraud, this document has been provided to assist in processing requests for account detail information, as available and as it relates to the approved identity theft claim account. Please be sure the following has been resolved before submitting this form, failure to do so will result in a denied Account Detail request:

The following must be complete (Initial completion and provide requested claim number)			
My Identity Theft Claim has been approv ed.	A Police Report is included in the claim or attached with this document	Approv ed Claim Number	

Your claim number can be found at the top of your approved claim correspondence. It is a number six digits or greater.

If all of the above has been completed and filled out the Account Details request will be resolved and provided via physical mailed copies.

Please fill out the following <u>accurately</u> and <u>legibly</u> . Failure to do so may result in a lost request or a delay on receiving Account Details.			
Full Mailing Address			
Printed Full Name	Account Number	Email Address	
Parent/Guardian Name	Phone	Date	

The following information can be provided as available:

- Service Address
- Service Start & End Dates
- Email Address(es)

- Amount Owed
- Payment Information
- IP Address(es)

• Phone Number(s)