



Request a Copy of Your Person Report Information

(PLEASE NOTE: Information submitted to LexisNexis as part of a request for a copy of information about yourself will be used solely in fulfillment of that request for information and for no other purpose.)

**LexisNexis Consumer Access Program
Seisint, Inc.
Attn: Consumer Inquiry Department
P.O. Box 810004
Boca Raton, FL 33481**

Name: _____

Other Names you have used including maiden names, aliases or nicknames:

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number*: _____

*This is optional, but providing your Social Security Number will enhance the ability to match your request to your information.

Please include copies of two (2) forms of identification, at least one of which must be issued by a governmental entity (such as a driver's license, social security card, passport, or military ID). DO NOT send copies of credit cards or other financial information. **We will mail a copy of your Accurint Comprehensive Report within approximately 30-60 days of receipt of your identification.**