

CONSUMER INITIATED DATA INQUIRY

Individuals requesting access to, changes to or erasure of personal data should complete this form and submit it along with your request.

IMPORTANT: For security reasons, please **do not** send plain text personal information such as Social Security numbers, DOB, etc... **via email**. Please include a copy of your current Driver's License or Passport to verify your identity and a copy of a credit card bill, bank statement or utility bill to validate current address.

Once this form is completed, please mail it to our office:

Please Send To:
CreditLoanCompare.com
Corporate Center One @ International Plaza
2202 N. West Shore Blvd. Suite 200
Tampa, FL 33607

Hours of Operation:

Monday – Thursday: 7am – 4pm PST

Friday: 7am – 12pm PST

Saturday & Sunday: Closed

Tampa, 1 2 33007					
Today's Date:					
First Name:	Las	t Name:			MI:
Other Names Used:					
Last 4 of Social Security Numbe	r: <u>XXX-XX</u>	DOB:			
Phone Number: ()		□ Cell □ l	Home 🗆 Worl	(please check one)
Email Address:					
Current Address:					
City:		_State:		Zip:	
Mailing Address (If different that	an current add	ress):			
Request : ☐ Access Data ☐ Ch	ange Data 🗌 I	Erasure of Data (pl	ease check one)		
Additional Comments: (Include your request.)	any additiona	l comments you b	elieve may be ned	cessary in ord	er for us to process



Your Declaration

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above.			
Your Signature:			
Print Your Name:			
Date:			

Your information will be used to process your request. Providing the information is voluntary, but if not provided, we may not be able to process your request.