

## Consumer Request Form Instructions

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Follow the instructions contained in this document to submit a request via U.S. Mail using the Consumer Request Form.

Once we have received your request, it will take approximately two weeks to process and send you a hardcopy of your report via U.S. Mail. If your request cannot be processed, you will receive a letter notifying you to call the Consumer Center and provide more information.

### General Information

You may order information on yourself or someone whom you have legal authority over, such as a minor. If you are ordering information for someone other than yourself, you will need to submit paperwork to prove you have authorization. Please call to speak to a live LexisNexis Risk Solutions Consumer Center representative at 1-888-497-0011 or contact us by email at [consumer.documents@LexisNexis.com](mailto:consumer.documents@LexisNexis.com).

To submit a request using the Consumer Request Form, you are required to provide your First Name, Last Name, Street Address, City, Zip, and Date of Birth. You are also required to provide one of the two following optional fields: Social Security Number or Your Driver's License Number and State. The information that you provide will only be used by us to verify your identity and for consumer disclosure purposes. It will not be provided or sold to any other company. We may not be able to comply with your request if we are unable to confirm your identity or to connect the information you submit in your request with personal information in our possession. Please complete all of the sections on the form so that we may properly process your request.

### Consumer Request Form – Instructions

1. Click on the **Printable Consumer Request Form** button. The button is available on the LexisNexis® Consumer Disclosure tab, the CCPA Homepage tab and the FACT Act tab on the Consumer Portal, available at <https://consumer.risk.lexisnexis.com>. Once you select the form, it will display in a PDF format in Adobe Acrobat.
2. Print the form.
3. Complete the form as indicated in the following sections:

#### Section 1 – Name

1. Enter your first given name in the **First Name\*** text field. This is a required field.
2. Enter your middle name in the **Middle Name** text field.
3. Enter your full last name in the **Last Name\*** text field. Your last name is your family name or surname. This is a required field.

4. Enter your generational suffix (e.g. Sr., Jr., III) in the **Suffix** field if applicable. A **name suffix** follows a person's full **name** and provides additional information about the person.

## Section 2 – Resident Address

1. Enter the street name of your current address in the **Street Address\*** text field. This is a required field.
2. Enter your city in the **City\*** text field. This is a required field.
3. Enter your abbreviated state of residence in the **State\*** drop-down list. This is a required field. If your state entry indicates that you are a California resident, you have the option to request California options.
4. Enter your 5-digit ZIP code in the **Zip code\*** text field. Note that the zip code should consist of five numbers. Example: 20006. This is a required field.
5. If the mailing address is not your permanent address of residence, select the **My Delivery Address is Not the Same as My Resident Address** checkbox.

## Section 3 – Delivery Address (Mailing Address)

1. Enter the street name of your delivery address in the **Street Address\*** text field. This is a required field.
2. Enter your delivery address city in the **City\*** text field. This is a required field.
3. Select your abbreviated state of residence in the **State\*** drop-down list. This is a required field. If your state entry indicates that you are a California resident, you have the option to request California options.
4. Select your 5-digit ZIP code in the **Zip code\*** text field. Note that the zip code should consist of five numbers. Example: 20006. This is a required field.
5. Enter your SSN in the **SSN+** text field. Providing a 9-digit Social Security Number in the **SSN+** text field is voluntary on this form but please note that you are required to submit either your SSN or your Driver's License Number and Driver's License State to complete a request and confirm your identity.
6. Enter your phone number in the **Phone Number** text field.
7. Enter your date of birth in the **Date of Birth\*** text field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980. This is a required field.  
**Note:** If the entered date of birth is below 18 years, you will need to call the Consumer Center. The Consumer Center will require additional information to process your request.
8. Enter your Driver's License Number in the **Driver's License Number+** text field. Providing a Driver's License Number in the **Driver's License Number** text field is voluntary but please note that you are required to submit either your SSN or your Driver's License Number and Driver's License State to complete a request and confirm your identity.
9. Enter your Driver's License State in the **Driver's License State+** text field.
10. Enter your email address in the **Email Address** text field. To enter your e-mail address, use this format: [name@site.domain](#).

## Section 4 – Request My Information

As a consumer, you can request a copy of your information by selecting the **Request My Information** checkbox.

1. To request a copy of your information, select the **Request My Information** checkbox.

If you are a California consumer, when you check the **Request My Information** checkbox you will receive two reports: A Consumer Disclosure Report and a California Consumer Privacy Act Report.

## Section 5 – Mask My Personal Information

1. To request that the personal identifiable information (PII) information contained in your Consumer Disclosure Report or FACT Act Report be masked, select the **Mask My Personal Information** checkbox. These reports are unmasked by default. The California Consumer Privacy Act Report will follow the disclosure requirements of the California Consumer Privacy Act.

## Section 6 – Additional Options for California Residents

As a California resident, you have the ability to order additional options under the California Consumer Privacy Act.

1. To request that your personal information is not sold, check the **Do Not Sell My Personal Information** checkbox.
2. If you are a professional healthcare provider and want to request that we do not sell your professional healthcare information, check the **Do Not Sell My Professional Healthcare Information (Healthcare Professionals Only)** checkbox. Note: As a California resident, in some circumstances you may be able to request to opt-out of your personal information being sold to third parties, which may include some professional healthcare information. However, please be advised that opting-out of the sale of your professional healthcare information may result in the following:
  - I. Incorrect or incomplete information in health plan directories for patients and members when searching for you and your practice;
  - II. Delayed prescription fills and/or denial of prescriptions for your patients at point of dispensing; and/or
  - III. Decreased ability for you and your practice to be identified for referrals.
3. To request that we delete your personal information collected from you, check the **Delete My Personal Information** checkbox.

## Mailing In Your Request(s) via U.S. Mail

1. Before mailing in your request, look over the information you have added and verify that it is complete and correct as stated.
2. Enter your signature in the **Signature** field.
3. Enter the current date in the **Date** field.
4. Send the completed form back to the Consumer Center via U.S. Mail using the address displayed on the bottom of the form.

## Submit Your Request by Phone

As a consumer, you can choose to submit your request by phone:

- For LexisNexis Consumer Disclosure Report requests, call 1-866-897-8126 or contact us by email at [consumer.documents@LexisNexis.com](mailto:consumer.documents@LexisNexis.com).
- For FACT Act requests, call 1-866-312-8076 or contact us by email at [consumer.documents@LexisNexis.com](mailto:consumer.documents@LexisNexis.com).
- For California Consumer Privacy Act requests, call 1-888-217-1591 or contact us by email at [CCPAConsumerQuestions@lexisnexisrisk.com](mailto:CCPAConsumerQuestions@lexisnexisrisk.com).

**Note:** You can also submit and receive a request electronically by clicking on the following link: <https://consumer.risk.lexisnexis.com>.

## FAQ: Protecting Your Information through Authentication

1. Why do I need to provide personal information to receive my report?  
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. LexisNexis Risk Solution's 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 Solution 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 Solution for authentication purposes is not distributed to, or accessible by, third parties.
5. Is there another way that I can receive a copy of my report without going through authentication?  
The only method LexisNexis Risk Solutions has of making sure that your consumer report 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. This is necessary to help ensure that only you have access to your report.
6. How do I get more information about LexisNexis Risk Solutions?
  - For more information on LexisNexis Risk Solutions, go to <https://consumer.risk.lexisnexis.com>.
  - For more information on Reed Business Information, go to <https://www.reedbusiness.com>.
  - For the LexisNexis Risk Solutions CCPA Privacy Policy, go to <https://risk.lexisnexis.com/privacy-policy>.
  - For the Reed Business Information CCPA Privacy Policy, go to <https://www.reedbusiness.com/ccpa-privacy-notice/>