



**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:

Consolidation Resource, LLC  
13014 N. Dale Mabry Hwy. Ste. 211  
Tampa, FL 33618

Hours of Operation:

Monday – Thursday: 7am – 4pm PST  
Friday: 7am – 12pm PST  
Saturday & Sunday: Closed

Today’s Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Last 4 of Social Security Number: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work (please check one)

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than current address): \_\_\_\_\_

\_\_\_\_\_

**Request:**  Access Data  Change Data  Erasure of Data (please check one)

**Additional Comments:** (Include any additional comments you believe may be necessary in order for us to process your request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.***