



Privacy Preference Center: Incapacitated Adult Request Form

Fill out this form on behalf of an incapacitated adult to exercise their rights under an applicable state privacy law. Completed forms, along with copies of required documents, should be mailed to Equifax at the address below. For Right to Know / Access, Right to Correct, and Right to Delete requests, we'll notify you via U.S. mail when we receive your request and fulfillment may take up to 45 days. For all other requests, we do not notify when we receive your request and fulfillment may take up to 15 days.

Please Select a Service (only one)

- Right to Know / Access:** Request to view personal information collected by Equifax within the past 12 months.
- Right to Delete:** Request that Equifax delete personal information collected from the incapacitated adult. Please note that not all personal information is subject to deletion (for example, information on the incapacitated adult's Equifax credit report is not subject to deletion rights and will not be deleted).
- Right to Correct:** Request that Equifax correct inaccurate personal information about the incapacitated adult. Equifax will delete inaccurate personal information in lieu of correcting inaccurate personal information.
- Right to Opt-Out:** Request that Equifax stop selling personal information to third parties.
- Right to Limit Use:** Request that Equifax limit the use and disclosure of sensitive personal information about the incapacitated adult.
- Right to Opt-In:** If you previously opted-out of Equifax selling the incapacitated adult's personal information, you can permit Equifax to begin selling his or her personal information to third parties.

Representative Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Representative Proof of Identity

(check box for and include a copy of one of the following)

- A copy of your Driver's License or State Identification Card
- A copy of your Social Security Card
- A copy of your Birth Certificate

Proof of Representation

(check box for and include a copy of one of the following)

- A copy of a Court Order
- A copy of a lawfully executed and valid Power of Attorney

Right to Know / Access, Right to Correct, and Right to Delete requests

Incapacitated Adult Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Date of Birth (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		

You must also provide copies of the consumer's Social Security Card and Birth Certificate for Right to Know / Access, Right to Correct, and Right to Delete requests if submitted without a valid Power of Attorney.

Right to Opt-Out, Right to Limit Use, and Right to Opt-In requests

Incapacitated Adult Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (optional)	Date of Birth (MM/DD/YYYY) (optional)		
<input type="text"/>	<input type="text"/>		

Print and send (via U.S. mail) to:

Equifax Information Services LLC
P.O. Box 740041
Atlanta, GA 30348