

**Address Verification/Change Request
Identity History Summary Check**

Date:

Requestor Name

Last Name:

First Name:

Middle Name 1:

Middle Name 2:

Requestor Date of Birth:

Previous Address

Address:

City:

State:

Postal (ZIP) Code:

Country:

I previously sent in a request for my Identity History Summary check. I would like to verify/change my address.

Please send my request to the following address

Address:

City:

State:

Postal (ZIP) Code:

Country:

Sincerely,

(Signature Required)

Please sign, print, and fax this completed form to
(304) 625-9792. Or scan and e-mail to identity@ic.fbi.gov.