

## **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

Email

Phone Number

Sincerely,

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**(Signature Required)**

Please sign, print, and fax this completed form to (304) 625-9792

Or scan and e-mail to [identity@fbi.gov](mailto:identity@fbi.gov).