

**TO:** TransUnion LLC  
P.O. Box 2000  
Chester, PA 19016  
**DATE:** **September 2017**  
**SUBJECT:** **Credit Freeze**

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I \_\_\_\_\_ request a freeze on my credit report at TransUnion.  
Print Name

**Biographical Information**— address must be a complete address for the past two years.

_____	_____	_____	_____
First Name	MI	Last Name	Suffix
_____	_____ \ _____ \ _____		
Social Security Number	Date of Birth		
_____		_____	
Street Address		Street Address	
_____	_____	_____	_____
City	State	Zip Code	City State Zip Code
_____		_____	
Signature		Date	

Remember to Enclose Copies of:

Identification **Choose 1:** \_\_\_\_\_ Driver's License **OR** \_\_\_\_\_ Passport

Proof of identification Choose 1: must match permanent address and Identification.

\_\_\_\_\_ Bank Statement \_\_\_\_\_ Pay Stub \_\_\_\_\_ Bill (Utility/Cell Phone)