**TO:** TransUnion LLC
P.O. Box 2000
Chester, PA 19016

**DATE: September 2017**

**SUBJECT: Credit Freeze**

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.

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 First Name MI Last Name Suffix

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 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)