

## Request for a Credit Freeze

Date:

Sent Certified, return receipt mail: Number \_\_\_\_\_

Experian Security Freeze  
PO Box 9554  
Allen, TX 75013

Equifax Security Freeze  
PO Box 105788  
Atlanta, GA 30348

TransUnion Security Freeze  
PO Box 6790  
Fullerton, CA 92834-6790

Dear \_\_\_\_\_,

I would like to place a security freeze on my credit file. My name is: \_\_\_\_\_

\_\_\_\_\_ My former name was (if applicable): \_\_\_\_\_

My current address is: \_\_\_\_\_

My address has changed in the past 5 years. My former address was:

\_\_\_\_\_ My Social Security Number is: \_\_\_\_\_ My date of birth is: \_\_\_\_\_

Check one:

- I am an identity theft victim and a copy of my police report (or other investigative report or complaint to law enforcement agency concerning identity theft) of identity theft is enclosed. I have also enclosed photocopies of a government issued identity card (if applies).
- I am a concerned consumer.

Attached is my payment (if fee is required) for the freeze \$\_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Money order # \_\_\_\_\_ Check # \_\_\_\_\_

Enclosed are the required documents:

- A copy of my state driver's license or ID card
- A copy of my Social Security card
- A copy of a bill or a bank statement with the same name and address that is on my state driver's license or ID card
- A photocopy of my change of address card for my state driver's license or ID card (if applicable)
- A copy of my police report, other investigative report, or complaint to law enforcement agency concerning identity theft, to obtain this freeze at no charge

Yours Truly,