

Requesting a Dependant Adult's Credit Report

Date:

To:

Equifax Information Services, LLC
Office of Consumer Affairs
P.O. Box 105139
Atlanta , GA 30348

TransUnion
PO Box 6790
Fullerton, CA 92834

Experian
PO Box 9532
Allen, TX 75013

Dear:

My name is _____ I am the legal guardian/
Power of Attorney of _____, who was born on
____/____/____. Social Security Number is _____. I am requesting
a copy of this dependant adult's credit report, should one exist. If a record exists, I am
requesting that you flag this dependant adult's social security number with a Fraud
Alert.

Current address is: _____

Previous address over the past 5 years. The former address (if applicable) was:

Attached is the required documentation. *[Documents vary according to state and agency]*

Yours Truly,