

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 2000
Chester, PA 19016

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.

Signature

Date