

Requesting a Dependant Adult's Credit Report

Date: _____ Sent Certified, Return Receipt Mail: Number _____

To:

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

TransUnion
PO Box 2000
Chester, PA 19016

Experian
PO Box 9554
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 may vary according to state and agency*]:

_____ Power of Attorney

_____ Copy of State issued driver's license or state ID card for Power of Attorney

_____ Copy of Dependant Adult's Social Security Card

_____ Copy of State issued driver's license or state identification card

_____ Copy of bill with current address

Yours Truly,