

Requesting a Credit Freeze for Dependant Adult

Date:

To:

Equifax Information Services, LLC
Office of Consumer Affairs
P.O. Box 105788
Atlanta, GA 30348

TransUnion
PO Box 2000
Chester, PA 19016

Experian
PO Box 9554
Allen, TX 75013

Note: This request is being sent via certified, return receipt request mail.

Dear _____:

My name is _____ I am the legal guardian/ Power of Attorney of _____, who was born on __/__/__. Social Security Number is _____. I am requesting that a credit freeze be placed on this dependant adult's credit report, should one exist.

Current address is: _____

The former address (if applicable) was:

I request the notification letter for this freeze be sent to my address:

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

- ____ Power of Attorney
- ____ Copy of State issued driver's license or state identification 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

Signed:

