

Trans**Union**_®

Request for Your TransUnion Personal Credit Report

STEP 1 First Name Middle Name Last Name Suffix (Ir., Sr.) Fill out your personal information Social Security Number Date of Birth *Optional Name of Employer* Your eMail Address* Driver's License Number* State of Issue* **Current Address** If a military address, Street Address Apt. No. write APO or FPO for city and one of these City State Zip Code abbreviations for state: AA Armed Forces Americas Work/Alternative Phone Number Home Phone Number AE Armed Forces Africa, Canada, Europe or Middle East AP Armed Forces Pacific **Previous Address** If you have moved Previous Address Apt. No. in the past two years, please enter your City previous address. STEP 2 ☐ 1. Within the last 60 days, I was denied credit or was notified of another credit-related adverse action. Determine if you qualify for a FREE Name of Credit Generator Date of Denial Letter **Personal Credit Report** ☐ 2. Within the last 60 days, I was denied employment - By Whom? For items 1-5, a TransUnion credit file must have ☐ 3. Within the last 60 days, I was denied insurance - By Whom? been the basis for the adverse credit decision. ☐ 4. Within the last 60 days, I was denied a government license or benefit - By Whom? You may be eligible for a □ 5. Within the last 60 days, I was denied a housing/rental apartment - By Whom? FREE Personal Credit Report under the Federal FACT Act. ☐ 6. I am unemployed and intend to apply for employment (limited to 1 free report per 12 mos.) For information, please visit www.annualcreditreport.com Company Worked for Last Free Annual Reports and TransUnion Reports are accessible Company's Address to the Vision Impaired. On-line reports are compatible with 7. I am a recipient of public welfare assistance (limited to 1 free report per 12 mos.) screen readers. Accessible formats can be requested by telephone or by mail; please Welfare Office I am Registered With specify Braille, audio or large print. Name of Case Worker Phone Number for Case Worker 🗆 8. I certify that I have reason to believe that my TransUnion credit file contains inaccurate data due to fraud. ☐ 9. None of the above apply to me. Please check the next page for pricing.

STEP 3

If you do not qualify for a FREE Personal Credit Report, circle that which applies to you

Note:

If you selected box 1-8 in Step 2, please skip ahead to Step 4.

State	1st Request	2nd Request	Additional	Time Frame
California	\$8.00	\$8.00	\$8.00	Any Time
Colorado	FREE	\$8.00	\$8.00	Calendar Year
Connecticut	\$5.00	\$7.50	\$7.50	12-month
Georgia	FREE	FREE	FREE	Calendar Year
Maine	FREE	\$5.00	\$5.00	12-month
Maryland	FREE	\$5.00	\$5.00	12-month
Massachusetts	FREE	\$8.00	\$8.00	Calendar Year
Minnesota	\$3.00	\$3.00	\$3.00	12-month
Montana	\$8.50	\$8.50	\$8.50	Any Time
New Jersey	FREE	\$8.00	\$8.00	12-month
Puerto Rico	FREE	FREE	FREE	Calendar Year
Vermont	FREE	\$7.50	\$7.50	12-month
Virgin Islands	\$1.00	\$1.00	\$1.00	Any Time
All Others	\$11.50	\$11.50	\$11.50	Any Time

STEP 4

Fill out payment information if necessary

•	Based on my state and my situation, the cost of my Personal Credit Report is: \$ (Enter the amount circled in Step 3 or enter \$0.00 if applicable.)	
•	I would also like a credit score to be included with my Personal Credit Report. \$ (Enter \$7.95.)	
	I would like to receive my Personal Credit Report in Braille. I would like to receive my Personal Credit Report in large print. I would like to receive my Personal Credit Report in audio format.	
	Please include a check payable to TransUnion LLC in the amount of: (Enter the total from the two lines above.)	

STEP 5

Where to Mail

Sign, then mail this form to:

TransUnion LLC P.O. Box 1000 Chester, PA 19022 (800) 888-4213

Enclosing the following additional information will help us expedite your request:

Proof of address, e.g, utility bill

Copy of denial letter in the event of denial

Copy of police report in the event of fraud

gnature	Date

Obtaining a credit report under false pretenses is a federal crime.