

**TransUnion LLC**  
**Consumer Disclosure Center**  
**P.O. BOX 1000**  
**Chester, PA 19022**

**Fee: \$9.00 for single/\$18 for joint**

**Credit File Report Request**

\_\_\_\_ Please forward a copy of my personal credit file  
\_\_\_\_ Please forward a copy of our joint personal credit file  
\_\_\_\_ A check OR \_\_\_\_ money order is enclosed to cover expense  
\_\_\_\_ I/We were denied credit within the past 30-60 days by: \_\_\_\_\_  
\_\_\_\_\_  
(Name of Firm)

due to information in my/our credit files at your agency. (copy of letter enclosed).

I/We understand a copy of my/our credit report will be sent without charge.

\_\_\_\_\_  
Date: \_\_\_\_\_ Daytime/message phone ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Jr., Sr., II, etc. \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Telephone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Past 5 Years)

\_\_\_\_\_  
Marital Status: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse's Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ Enclosed is a photocopy of my/our DRIVER'S LICENSE (s), or my/our UTILITY BILL or my/our MILITARY ID.

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_