

SECURITY FREEZE REQUEST

To avoid confusion, use pen and print in **BLOCK CAPITALS**.

INSTRUCTIONS: Make sure you write clearly and that you date and sign this form. All information is required to be completed. You must complete a **separate form** for each consumer reporting agency. Keep a copy of the signed form for your records. Mail the completed form certified mail and include all required documents & the payment. Do not send original documents. If you prefer, you can complete the security freeze request by phone or online. You will have to provide the same information and fee.

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	SUFFIX	MAIDEN/PRIOR/OTHER NAMES
DATE OF BIRTH	DAYTIME TELEPHONE NUMBER		SOCIAL SECURITY NUMBER (SSN)	
CURRENT RESIDENCE STREET ADDRESS (NOT PO BOX)		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)		CITY	STATE	ZIP CODE
PRIOR ADDRESS(ES) FOR THE PAST TWO YEARS (if any). ATTACH ADDITIONAL SHEET IF NECESSARY.				
STREET ADDRESS		CITY	STATE	ZIP
Payment information (CHECK ONE)		<input type="checkbox"/> I am the victim of Identity Theft. A copy of my police report or Affidavit of Identity Theft is enclosed . (There is no charge for victims of identity theft.) <input type="checkbox"/> I am enclosing a \$5.00 payment – cashier’s check or money order (no personal checks). <input type="checkbox"/> I am paying the fee by credit card (complete the payment information below).		
FOR PAYMENT BY CREDIT CARD, provide:		NAME AS IT APPEARS ON THE CARD	CARD NUMBER	EXPIRATION DATE
YOU MUST DATE AND SIGN THIS FORM:		DATE	SIGNATURE	

AGENCY MAILING ADDRESS FOR SECURITY FREEZE REQUESTS	WHAT YOU NEED TO INCLUDE IF YOU MAIL IN THIS REQUEST LETTER	SECURITY FREEZE BY PHONE/ONLINE
EXPERIAN SECURITY FREEZE 711 Experian Parkway Allen, TX 75013	<input type="checkbox"/> A copy of a valid driver’s license, military ID card, or other state ID card; AND <input type="checkbox"/> a copy of a recent utility bill, bank statement or insurance statement showing your name and current mailing address and the date of issue; AND <input type="checkbox"/> \$5.00 payment OR credit card information, OR a copy of a police report/Identity Theft affidavit.	EXPERIAN Phone: (888) 397-3742 www.experian.com/freeze
EQUIFAX SECURITY FREEZE PO Box 105788 Atlanta, Georgia 30348		EQUIFAX By Phone: (800) 685-1111 https://www.freeze.equifax.com
TRANSUNION SECURITY FREEZE PO Box 2000 Chester, PA 19022-2000		TRANSUNION By Phone: (888) 909-8872 www.transunion.com/securityfreeze