

FAX

TO: TransUnion – Security Freeze FROM:
FAX: (610) 546-4771 EMAIL:
PHONE: (888) 909-8872 PHONE:
SUBJECT: Protected Consumer Security Freeze DATE:
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COMMENTS: Dear Transunion:
I would like to place a Protected Consumer Security Freeze on my child's credit file.

My child's (PROTECTED MINOR'S) full name is:
Last 4 of SS#
Birth Date:

My full name is:
Last 4 of SS#
Birth Date:

Our current home address is:

Attached:
PG 2 Cover Letter & Payment
PG 3 Copy of Notarized Description of Authority
PG 4 Other Proof of ID
Copy Child Social Security Card
Copy Parent's Social Security Card
Copy Parent Driver's License
PG 5 Evidence of Home Address: Copy of Credit Card Statement / Utility Bill
PG 6 Copy of Protected Minor's Birth Certificate

TransUnion Protected Consumer Freeze

P.O. Box 380

Woodlyn, PA 19094

FAX (610) 546-4771

PHONE 888-909-8872

Dear TransUnion:

I would like to place a Protected Minor Security Freeze on my child's credit file.

My child's full name is:

My child's Social Security number is:

My child's date of birth is:

My child's current home address is:

My child's phone number is

My full name is:

My Social Security number is:

My date of birth is:

My current home address is:

My child's phone number is

As proof of my residence, I am enclosing a copy of my driver's license and a _____ utility or credit card bill.

Payment Requirement:

___ My Child is already a victim of ID Theft; therefore, I am not required to pay a fee. A copy of my police report or DMV investigative report of identity theft is enclosed.

OR

___ My Child is not yet a victim of ID Theft. My child is a resident of _____, therefore I will pay the required fee of \$_____

Check TransUnion Fees By State Here) <http://www.transunion.com/personal-credit/credit-disputes/credit-freezes.page?tab=freezefees>

Payment Type:

___ Check Enclosed (Via mail)

X Credit Card: Card Type: _____ Card Number: _____

Name on Card: _____ Expiration: _____ Security Code: _____

Sincerely,

Description of Authority:

I, _____, Certify under penalty of perjury that I am the _____
and legal guardian of _____. As such, I have legal authority to request that a
Protected Minor Security Freeze be placed on this child's credit file.

Signed,

Parent Name:

Date:

Parent Full Name and Address

(As it appears on ID)

Child Full Name and Address

(As it appears on Birth Certificate)

Notarized By:

Copy of Parent & Child's Social Security Cards & Parent's Legal ID:

Security Freeze: Child Name: _____

Child Address: _____

File Number: _____

Evidence of Home Address (*Utility Bill, Bank or Credit Card Statement*):

Security Freeze: Child Name: _____

Child Address: _____

File Number: _____

Protected Minor's Birth Certificate:

Security Freeze: Child Name: _____

Child Address: _____

File Number: _____