



# Request for Your TransUnion Personal Credit Report

## STEP 1

### Fill out your personal information

\* Optional

First Name _____	Middle Name _____	Last Name _____	Suffix (Jr., Sr.) _____
Social Security Number _____		Date of Birth _____	
Name of Employer* _____		Your eMail Address* _____	
Driver's License Number* _____		State of Issue* _____	

### Current Address

If a military address, write **APO** or **FPO** for city and one of these abbreviations for state:

- AA** Armed Forces Americas
- AE** Armed Forces Africa, Canada, Europe or Middle East
- AP** Armed Forces Pacific

Street Address _____		Apt. No. _____	
City _____	State _____	Zip Code _____	
Home Phone Number _____		Work/Alternative Phone Number _____	

### Previous Address

If you have moved in the past two years, please enter your previous address.

Previous Address _____		Apt. No. _____	
City _____	State _____	Zip Code _____	

## STEP 2

### Determine if you qualify for a FREE Personal Credit Report

For items 1-5, a TransUnion credit file must have been the basis for the adverse credit decision.

You may be eligible for a FREE Personal Credit Report under the Federal FACT Act. For information, please visit [www.annualcreditreport.com](http://www.annualcreditreport.com)

Free Annual Reports and TransUnion Reports are accessible to the Vision Impaired. On-line reports are compatible with screen readers. Accessible formats can be requested by telephone or by mail; please specify Braille, audio or large print.

1. Within the last 60 days, I was denied credit or was notified of another credit-related adverse action.

Name of Credit Generator _____	Date of Denial Letter _____
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2. Within the last 60 days, I was denied employment - By Whom? \_\_\_\_\_

3. Within the last 60 days, I was denied insurance - By Whom? \_\_\_\_\_

4. Within the last 60 days, I was denied a government license or benefit - By Whom? \_\_\_\_\_

5. Within the last 60 days, I was denied a housing/rental apartment - By Whom? \_\_\_\_\_

6. I am unemployed and intend to apply for employment (limited to 1 free report per 12 mos.)

Company Worked for Last _____	
Company's Address _____	Company's Phone Number _____

7. I am a recipient of public welfare assistance (**limited to 1 free report per 12 mos.**)

Welfare Office I am Registered With _____	
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 a box 1-8 in Step 2, please skip ahead to Step 4.

State	1 <sup>st</sup> Request	2 <sup>nd</sup> 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	Any Time
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	Any Time
Mississippi	FREE	FREE	FREE	Any Time
Montana	\$8.50	\$8.50	\$8.50	Any Time
New Jersey	FREE	\$8.00	\$8.00	12-month
Puerto Rico	FREE	FREE	FREE	Any Time
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 \$9.95.)
- 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 19016**  
**(800) 888-4213**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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**