

FREE CREDIT REPORT REQUEST

Use this form to ask for your free (once every 12 months) copy of your credit report.

Full Name:

(First, middle initial, last) _____

Current Address: _____

Previous Address (if you have been at your current address for less than 2 years)

Date of Birth: / / Social Security # _____

I am requesting my free copy of my credit report that I can get every 12 months.

- ☐ I want a credit report from all three credit reporting companies.
- ☐ I want a report from Equifax
- ☐ I want a report from Experian
- ☐ I want a report from Trans Union

Signed: _____ Date: _____

Mail this completed form to: Annual Credit Report Request Service
PO Box 105281
Atlanta, GA 30348-5281