

Credit Bureau _____ Security Freeze Request

Request Type * *denotes a required field

Request a Security Freeze

Temporarily lift a Security Freeze

Date from

mm/dd/yyyy

Date to

mm/dd/yyyy

Specific third party temporary lift

Third party name *

Date from

mm/dd/yyyy

Date to

mm/dd/yyyy

Permanently remove an existing Security Freeze

Request a new Freeze Confirmation Number for an existing Security Freeze

Freeze Confirmation Number *

This field is only required when performing an action on an existing Freeze

Are you a victim of identity theft? Yes, I am a victim of identity theft No, I am not a victim of identity theft

Your Information

First Name *

Middle Name

Last Name *

Suffix

Phone Number *

xxx-xxx-xxxx

Social Security Number *

xxx-xx-xxxx

Date of Birth *

mm/dd/yyyy

Current Address

Address *

City *

State *

ZIP *

By submitting this form, you are requesting that we place a Security Freeze on your Credit Report or that we perform an action to an existing Security Freeze. We will send you a confirmation letter by mail.

Credit Bureau Address:

Attachments: