# Fax

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| To: | TransUnion – Security Freeze  | From: |  |
| Fax: | (610) 546-4771 | EMail: |  |
| Phone: | (888) 909-8872 | Phone: |  |
| Subject: | Protected Consumer Security Freeze | DATE: |  |
| # of PAGEs | 9 |  |  |
| 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 & PaymentPG 3 Copy of Notarized Description of AuthorityPG 4 Other Proof of IDCopy 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 BillPG 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**  **Child Full Name and Address**
*(As it appears on ID)*  *(As it appears on Birth Certificate)*

Notarized By:

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

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

**Protected Minor’s Birth Certificate:**