# Fax

|  |  |  |  |
| --- | --- | --- | --- |
| 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 & 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**  **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:**