Date: _____

TransUnion
P.O. Box 380
Woodlyn, PA 19094

Re: Request to Place a Protected Consumer Freeze

To Whom It May Concern:

I am writing to request that TransUnion place a “Protected Consumer Freeze” on the file of the following minor child:

Child’s full legal name: [Full name]
Date of birth: [MM/DD/YYYY]
Social Security number: [XXX-XX-XXXX]
Current address: [Street, city, state and ZIP code]
Previous address, if applicable: [Previous address]

I am the child’s [parent/legal guardian] and have authority to act on the child’s behalf. I have enclosed copies of documents establishing my authority, my identity and my child’s identity.

Please place the Protected Consumer Freeze on the named individual’s file and send written confirmation to me at the address below.

Parent or guardian’s full legal name: [Full name]
Relationship to child: [Relationship]
Mailing address: [Street, city, state and ZIP code]
Telephone number: [Phone number]
Email address: [Email address]

Thank you for your assistance.

Sincerely,

[Signature]

[Printed name]

Enclosures:

- Copy of child’s certified or official birth certificate
- Copy of child’s Social Security card or other identification
- Copy of parent or guardian’s government-issued photo identification
- Copy of guardianship, court order or other proof of authority, if applicable
- Copy of a recent document confirming the parent or guardian’s current address, if included