

**THE REQUEST LETTER**  
Fill in the Blanks Request

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST Zipcode

\_\_\_\_\_  
Date

TransUnion Credit Reporting  
Consumer Assistance Center  
P.O. Box 1000  
Chester, PA 19022

To Whom It May Concern:

Please mail me a copy of my credit report. I have applied for Credit with several Financial Companies in my area, and was denied credit. I have attached a copy of my North Carolina Drivers License and my Social Security card. Please note my information below to ensure that I receive the correct credit report:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If any further information is needed please feel free to call me at home most days around \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Sign  
Consumer

\_\_\_\_\_  
Print Name