

TransUnion Credit Freeze Application

Date: [Insert Date]

TransUnion

Consumer Assistance Department

P.O. Box 2000

Chester, PA 19016

Dear TransUnion Customer Service,

I am writing to formally request a credit freeze on my TransUnion credit report. My personal information is as follows:

Full Name: [Your Full Name]

Social Security Number: [Your SSN]

Date of Birth: [Your Date of Birth]

Address: [Your Full Address]

City, State, Zip Code: [Your City, State, Zip]

I understand that a credit freeze prevents the access of my credit report for new credit applications and will help protect me from identity theft. Please process this request as soon as possible.

If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]