

Authorization Request for Temporary Credit Freeze Removal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Credit Bureau Name]

[Credit Bureau Address]

[City, State, Zip Code]

Dear [Credit Bureau Name],

I am writing to request the removal of the temporary credit freeze that was placed on my credit file. The details of my credit freeze are as follows:

Full Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Social Security Number: [Your SSN]

Address: [Your Address]

Temporary PIN/Password: [Your PIN/Password]

Please remove the temporary freeze on my credit report effective immediately. If you require any additional information to process this request, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]