

Consumer Credit Counseling Service

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Credit Reporting Agency Name]

[Agency Address]

[City, State, ZIP Code]

Subject: Request for Credit Report Review

Dear [Credit Reporting Agency Name],

I am writing to request a review of my credit report. As a participant in a consumer credit counseling program, I want to ensure that my credit information is accurate and reflects my current financial situation.

My details are as follows:

- Full Name: [Insert Full Name]
- Social Security Number: [Insert SSN]
- Date of Birth: [Insert DOB]
- Current Address: [Insert Current Address]

I would appreciate your assistance in reviewing my credit report for any inaccuracies and providing me with the necessary guidance on how to address any discrepancies found.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Title, if applicable]

[Consumer Credit Counseling Service Name]