#### **TransUnion**

Draft a letter to TransUnion requesting a "protected consumer freeze."

### **Letter needs to include:**

□ Name of the person requesting
and relationship to the child
☐ Last four digits of SSN of child
☐ Address of the child
☐ Signature of requestor

# Include the following documents with the letter:

security card	
☐ Copy of requestor's social	
security card	
☐ Copy of the child's birth	

☐ Copy of the child's social

- certificate

  Proof of name and address of person requesting (i.e., a federal/state government issued identification card, utility bill or insurance statement) showing both name and address
- ☐ Proof of Authority of person requesting (Court Order, Power of Attorney, or a written notarized statement that expressly describes the authority to act on behalf of the Protected Consumer)

New York residents are required to pay \$15 for each protected consumer freeze request. Enclose the \$15 fee in the form of a check or money order made payable to TransUnion.

### Send request letter, supporting documents, and payment to:

TransUnion Protected Consumer Freeze P.O. Box 380 Woodlyn, PA 19094

## **Equifax**

Draft a letter to Equifax requesting a "minor child security freeze."

#### **Letter needs to include:**

☐ Name of the person requesting
and relationship to the child
☐ Last four digits of SSN of child
☐ Address of the child
☐ Signature of requestor
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# Include the following documents with the letter:

☐ Certified or official copy of
minor child's birth certificate
☐ Copy of minor child's social
security card
☐ Completed Social Security
Administration Form SSA-
89 found at
http://www.socialsecurity.gov/fo
rms/ssa-89.pdf
☐ Copy of parent/guardian driver's
license or other valid
government issued
identification

- Copy of any billing statement that shows parent/guardian's mailing address
- ☐ Proof of Authority of person requesting (Court Order, Power of Attorney, or a written notarized statement that expressly describes the authority to act on behalf of the Protected Consumer)

There is no cost to New York State residents.

# Send request letter and supporting documents by:

Fax to: 678-795-7092 <u>or</u>

Mail to: Equifax

ATTN: Security Freeze — Minor Child P.O. Box 105139 Atlanta, GA 30348

Allow 10 days to process. You may contact 888-202-4025 after that lapse in time to confirm the freeze has been placed.

### **Experian**

Draft a letter to Experian requesting a "protected consumer security freeze."

### **Letter needs to include:**

□ Name of the person requesting
and relationship to the child
☐ Last four digits of SSN of child
☐ Address of the child
☐ Signature of requestor

# Include the following documents with the letter:

□ Copy of the child's social
security card
□ Copy of requestor's social
security card
□ Copy of the child's birth
certificate
☐ Proof of name and address of
person requesting (i.e., a
federal/state government issued
identification card, utility bill or

☐ Proof of Authority of person requesting (Court Order, Power of Attorney, or a written notarized statement that expressly describes the authority to act on behalf of the Protected Consumer)

insurance statement) showing

both name and address

There is \$10 cost to New York State residents.

☐ Sending electronically requires
credit card information
authorizing the charge in a
paragraph within the letter
☐ Sending via mail requires a
check or money order to be
enclosed payable to Experian

## Send request letter, supporting documents, and payment to:

Using the protected minor's name and identifying information, upload the freeze request to <a href="https://www.experian.com/consumer/upload">www.experian.com/consumer/upload</a> (Place child's information in the personal information section) <a href="https://www.experian.com/consumer/upload">or</a> Mail to: Experian

ATTN: Protected Consumer Security Freeze P.O. Box 9701 Allen, TX 75013