Request for Credit Information

Date:	, 20
To:	
RE: Disclosure of Credit Inform	mation
your agency records. This requ Act. I request that this disclosu	complete disclosure of my personal credit file as held within lest is in accordance with the Federal Fair Credit Reporting re provide the names and addresses of any parties who have eport, and the names and addresses of any parties who have ntained in my credit report.
Name	
Prior or other name	
Address:	
Prior or other address:	
Social Security #	Phone
Dated:	_ , 20
Signature	Printed Name

State of		
County of		
On	vorn, did state that he or she is the	ne person described in the
Signature of Notary Public	_	
Notary Public, In and for the Cours	nty of	
My commission expires:	, 20	Notary Seal