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 MV02032**

FRAUD VICTIM AUTHORIZATION FORM

I (We) request that the following protective statement be added to:

_____My credit report only _____Both mine and my spouse's

“ID Fraud Victim Alert; Fraudulent applications may be submitted in my name using correct personal information. Do not extend credit without first contacting me (us) personally and verifying all applicant information at:”

Work: () _____ Cell () _____(Telephone #'s)

Spouse's Work () _____ Cell() _____(Telephone #'s)

Home: () _____(Telephone #): () _____

Print Full Name: _____

Spouse's Full Name: _____

Current Address: _____
Street Address

City State Zip Code

Previous Address: _____

Street Address

City State Zip Code

Social Security # _____ DOB _____

Spouse's Social Security #: _____ DOB _____

Signature: _____ DATE _____

Spouse's Signature: _____ DATE _____

****NOTE:** Should you wish to have the above statement removed from your credit file, you must notify our office in writing. **Also, in the event that your contact phone number(s) change, you must again notify our office in writing.**