

Credit Report Order Form and Consent Release

First name: _____ Middle: _____
Last Name: _____ Suffix: _____
Social Security: _____ Home Number: _____
Street Address: _____
City State Zip: _____

Former Address (If less than 2 years)
Street Address: _____
City State Zip: _____

I give authorization for **Online Credit Reporting Corporation** to access my credit report information including all medical information reported. I understand that OCR will mail my credit report to the address shown by the credit bureau/s. I also give my authorization to provide the data from Experian and Trans Union to my attorney. By signing this document you are verifying all the information above is correct.



Debtor Signature: _____

Date: _____

Two forms of identification required with current address, one of which must be a photo ID.

This order form is only required when Online Authentication cannot be completed.

Pre Fax Checklist

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Signed Order and Consent Release | <input type="checkbox"/> Request ID Number: _____ |
| <input type="checkbox"/> Photo copy of two IDs, one must have a photo | <input type="checkbox"/> Faxed or Scanned & Emailed to OCR |