



# Military Families Security Freeze Request Form

To place a security freeze on the Equifax credit report of a military service member, please send – via U.S. Mail - this form along with copies of the items below in order to verify your information and address as well as that of the service member. Placing, temporarily lifting and permanently removing a security freeze is free.

If you are acting on behalf of the service member, please provide one from each category:

*For proof of your identity*

- A copy of your driver's license or other government-issued identification
- A copy of your Social Security card
- A copy of your birth certificate

*To show you are the service member's authorized representative*

- A court order
- A lawfully executed and valid power of attorney

For the service member, please provide one of the following:

- A copy of his/her driver's license or other government-issued identification
- A copy of his/her Social Security card and proof of current/previous address in the United States

**Please select a service:**

- ☐ Place a freeze
- ☐ Temporarily Lift an existing freeze Starting    (mm/dd/year) and Ending    (mm/dd/year)
- ☐ Permanently remove an existing security freeze

## Representative Information

|                        |                      |                      |                      |
|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name             | Last Name            | Initial              | Suffix               |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current Address        | City                 | State                | ZIP                  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Former Address         | City                 | State                | ZIP                  |
| <input type="text"/>   | <input type="text"/> |                      |                      |
| Social Security number | Date of Birth        |                      |                      |

## Service member's Information

|                        |                      |                      |                      |
|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name             | Last Name            | Initial              | Suffix               |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current Address        | City                 | State                | ZIP                  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Former Address         | City                 | State                | ZIP                  |
| <input type="text"/>   | <input type="text"/> |                      |                      |
| Social Security number | Date of Birth        |                      |                      |

Please send (via U.S. Mail) this form along with all requested information to: Equifax Information Services LLC, P.O. Box 105788  
Atlanta, GA 30348