



CLIENT # _____

REQUEST FOR DISCLOSURE OF CREDIT BUREAU FILE INFORMATION

I hereby request and authorize Experian Information Solutions, Inc (Experian) to furnish a copy of my credit file to The Village Financial Resource Center to be reviewed with me by a certified consumer credit counselor.

Print Full Name: _____

Date of Birth: _____ Social Security Number : _____

Present Address: _____

City: _____ State: _____ Zip: _____

Previous Address (within 6 months): _____

Employed by: _____

Documentary Identification Presented: _____
(Driver License, etc)

Spouse Name: _____

Date of Birth: _____ Social Security Number: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Previous Address (within 6 months): _____

Employed by: _____

Documentary Identification Presented: _____
(Driver License, etc)

I am the person named above and I understand that Federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined under Title 18 of the United States Code, or imprisoned not more than two years, or both. I also understand that The Village Financial Resource Center is not in any way attempting or promising to affect my person credit record in any manner. I understand that The Village Financial Resource Center is solely acting as an interpreter of the credit information supplied to them, and is in no way responsible for the accuracy or inaccuracy of the information provided.

BOTH SIGNATURES ARE REQUIRED IF A JOINT REPORT IS REQUESTED.

Signature: _____ Date: _____

Signature: _____ Date: _____