CREDIT BUREAU REQUEST FORM

(If you would like to receive a copy of your credit report with this request, please complete fully **and** attach photocopies of both sides of 2 pieces of ID)

CONSUMER RELATIONS CENTRE
1 Place Laval, bureau 370
Laval (Québec) H7N 1A1
Tél : (514) 335-0374 ou 1 877 713-3393
www.transunion.ca

You may also request your credit report by phone using our Interactive Voice Response system:
1(800) 663-9980 (Prompt 1)

The information on this form is requested to enable our associates to confirm your identity and access your file as mandated by consumer reporting legislation. If our system does not currently contain a file with the information you provided, your inquiry will result in a file being created or updated accordingly.

PERSONAL INFORMATION

Last Name:	First Name:	
Middle Name:	Date of Birth: (MM/DD/YYYY)	JR/SR
Social Insurance Number: (Optional)	Home Phone Number: (Optional). No Cell Phones Please	
Referred By (Institution/Company/Website):		

ADDRESS INFORMATION

Present Address:			Apt #:
City:	Province:	Postal Code:	How Long:
Previous Address: (If Present is less than two years)			Apt #:
City:	Province:	Postal Code:	How Long:

EMPLOYMENT INFORMATION (OPTIONAL)

Employer:	How Long:

I understand and consent to the information provided above being used to update my credit file. I understand that my identification will be used for authentication purposes and will be stored electronically.

I am the person named above and I understand that I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretences.

Signature:	Date:

Your request CANNOT be fulfilled without including both sides of 2 pieces of acceptable photocopied