

APPENDIX L TO PART 1022—STANDARDIZED FORM FOR REQUESTING ANNUAL FILE DISCLOSURES

REQUEST FOR FREE CREDIT REPORT

**Note to Consumers:** You have the right to obtain a free copy of your credit report once every 12 months (also known as an “annual file disclosure”), from each of the nationwide consumer reporting agencies. Your report may contain information on where you work and live, the credit accounts that have been opened in your name, if you’ve paid your bills on time, and whether you have been sued, arrested, or have filed for bankruptcy. Businesses use this information in making decisions about whether to offer you credit, insurance, or employment, and on what terms.

Use this form to request your credit report from any, or all, of the nationwide consumer reporting agencies.

The following information is required to process your request:

Your Full Name: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

Your City, State & Zip Code: \_\_\_\_\_

Your Telephone Numbers (with area code): Day: \_\_\_\_\_  
Evening: \_\_\_\_\_

Your Social Security number: \_\_\_\_\_ Your Date of Birth \_\_\_\_\_

Place a check next to each credit report you want.

I want a credit report from each of the nationwide consumer reporting agencies

OR

I want a credit report from:

- [name of nationwide consumer reporting agency]
- [name of nationwide consumer reporting agency]
- [name of nationwide consumer reporting agency]

Please check how you would like to receive your report. (Note: because of the need to accurately identify you before we send you your credit report, we may not be able to offer every delivery method to every consumer. We will try to honor your preference.)

\_\_\_\_\_ [available delivery method]  
\_\_\_\_\_ [available delivery method]  
\_\_\_\_\_ [available delivery method]

\_\_\_\_\_ Check here if, for security purposes, you want your copy of your credit report to include only the last four digits of your Social Security number (SSN), rather than your entire SSN.

For more information on obtaining your free credit report, visit [insert appropriate website address], call [insert appropriate telephone number], or write to [insert appropriate address].

Mail this form to:  
[insert appropriate address]

Your report(s) will be sent within 15 days after we receive your request.

APPENDIX M TO PART 1022—NOTICE OF  
FURNISHER RESPONSIBILITIES

The prescribed form for this disclosure is a separate document that is substantially similar to the Bureau’s model notice with all

information clearly and prominently displayed. Consumer reporting agencies may limit the disclosure to only those items that they know are relevant to the furnisher that will receive the notice.