



Real bankruptcy solutions. Real time.

## CREDIT REPORT ORDER FORM AND CONSENT RELEASE

Debtors Full Name \_\_\_\_\_

Co-Debtors Full Name (If a joint request) \_\_\_\_\_

Birth Date \_\_\_\_\_ Co-Debtors Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Co- Debtors SSN \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give authorization for **Online Credit Reporting Corporation** to access my credit report information including all medical information reported. By signing this document you are verifying all the information above is correct.

Debtor Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Debtor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Rev. 04/06