

**Credit Report Request**  
CSC Credit Service, Inc. - EQUIFAX

Last Name:	First Name:	Middle Name:
Suffix:	Birth Date:	SSN:
Phone No.:	Spouse's name:	Spouse's SSN:

**Current Address**

Address 1:	Address 2:	Type:
City:	State:	Zip Code:

**Former Address**

Address 1:	Address 2:	Type:
City:	State:	Zip Code:

Requested by USPO

\_\_\_\_\_ Date \_\_\_\_\_

A Customer Consent & Authorization for Access to Financial Records (Form PROB 11J) must be signed by the client within three (3) months and maintained in the clerk's file. Forward this **Credit Report Request** to the clerk who processes the credit check.