CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Rules R152-34-4 the Division will accept a business credit report for the postsecondary school and a consumer credit report for each individual with an ownership interest in the postsecondary as evidence of fiscal responsibility, in addition to, the current financial statements. Credit Reports must be from one of the three bureaus, Experian, Trans Union, and Equifax or merged into one complete credit report, if available. You may submit your own credit report that is not more than 60 days old, or you may complete this form.

INSTRUCTIONS: If you prefer to use this form, complete and submit this form directly to the Utah Division of Consumer Protection by fax or mail. The charge on your credit card will show NACM as the creditor. The fax number is (801) 530-6314.

These credit reports are obtained by the Division of Consumer Protection through: NACM Intermountain 5710 S. Green Street, Murray, UT. 84123. 801-487-8786, 800-977-6226. Fax 801-484-1891. www.nacmint.com"

	Persona	l Credit Report	Request		
Full Legal Name					
	First Middle		Last		
SSN:Date of Birth:		_Phone Number:			
If Joint, Spouse Nan	ne:				
	First	Middle		Last	
	Date of Birth:		_Fax Number:		
Mailing Address:	Street Address (including Apt/Unit/Ste #)	and/or PO Box			
	Chock had odd (modding) promodio nj	una, or r o box			
City Type of Report Request:		State Cost	Paid	ZIP Code NACM Stamp & Date	
Individual Experian TransUnion Equifax Merged Credit Report			\$26.50		11710III Otaliip a Bato
Colorado Applicants Must add \$9.00 sur-charge for Individu			·		
Joint Merged Credit Report-Husband & Wife – (<u>both</u> sign below) (Please include spouse name, social security number and date of birth above)			\$41.00		
Colorado Applicants must add \$18.00 sur-charge for joint			\$59.00		
	ποτασο Applicanto must add ψ 10.00 S	ur charge for joint	Ψ00.00		
Business Credit Report Request					
Business Legal N	ame				
_	*Note: If you are a Sole Proprietor, t				
Mailing Address: Street Address (including Apt/Unit/Ste #) and/or PO Box					
	Street Address (Including Apvonivs	ste #) and/or PO Box			
	City	City Phone Number:			ZIP Code
Tax Id Number:	Phone Num			nber: _	
	Type of Papert Paguage		Cost	Doid	NACM Stamp & Data
☐ Experian Bus	Type of Report Request: iness Credit Report		\$50.00	Paid	NACM Stamp & Date
Payment Information					
□ Visa M	lasterCard American Express	Card Numbe	r:		
Name on card:			Card Expiration Da	ate:	CID:
Billing Address:					
Str	eet Address (including Apt/Unit/Ste #) and/	or PO Box			
	City		State		ZIP Code
I hereby authorize NACM Intermountain to release all credit information in the reports I have checked above directly to the Division of Consumer Protection. I further authorize that a photocopy of this form may be accepted as the original.					
Signature of Applicant:				Da	ate:
Signature of Applicant:				Da	ite: