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. DO NOT EMAIL THIS FORM TO THE DIVISION. 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 <u>Division of Consumer Protection</u> through: NACM Intermountain 5710 S. Green Street, Murray, UT. 84123.

	Pers	sonal Credit Report	Request		
Full Legal Name:					
- un 20gui Humo	First	Middle		Last	
SSN:	Date of Birth:		_Phone Number:		
If Joint, Spouse Nam					
	First	Middle		Last	
	Date of Birth:		Fax Number:		
Mailing Address:	Street Address (including Apt/Unit/	Ste #) and/or PO Box			
		,			
	City Type of Report Reques	t:	State Cost	Paid	ZIP Code NACM Stamp & Date
Individual Exp	erian TransUnion Equifax Merg	ed Credit Report	\$31.50		
• Co	lorado Applicants Must add \$9.0	00 sur-charge for Indivic	lual \$40.50		
	Credit Report-Husband & Wife - spouse name, social security numbe		\$63.00		
• Co	lorado Applicants must add \$18	.00 sur-charge for joint	\$59.00		
	Bue	iness Credit Report	Poquost		
		iness credit Report	Request		
Business Legal Na	*Note: If you are a Sole Propri	ietor, this is your legal nam	e.		
Mailing Add	ress:	je z je z je z je z z z je z z z z	-		
	Street Address (including Apt/	/Unit/Ste #) and/or PO Box			
	City		State		ZIP Code
Tax Id Number:	Id Number:Phone Number:		Fax Number:		
	Type of Report Request	• -	Cost	Paid	NACM Stamp & Date
Experian Busi	ness Credit Report		\$50.00		
		Payment Informati	on		
		T ayment informati	on		
U Visa M	asterCard American Ex	press Card Number	r:		
Name on card:			Card Expiration D	ate:	CID:
Billing Address: Street	eet Address (including Apt/Unit/Ste #	and/or PO Box			
	City		State		ZIP Code
	ACM Intermountain to release all cre ACM Intermountain to release all cre h. I further authorize that a photocop			ove directly	y to the Division of
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Consumer Protection	ACM Intermountain to release all cre n. I further authorize that a photocop ant:			Da	

Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity Washington, D.C. 20580.