

## **AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORTS**

Dunne Law Offices stops all harassing phone calls by debt collectors by sending out a cease and desist letter to protect our clients from harassing debt collectors. This service is free of charge.

By signing below, I authorize and give permission to Dunne Law Offices, P.C., to obtain consumer credit reports on me. These consumer credit reports shall consist of TransUnion, Experian, and Equifax consumer credit reports. This authorization applies to the employees, authorized affiliates, agents, co-counsel, and other authorized representatives of Dunne Law Offices, P.C. I give authorization to dispute any and all debts that I may have. I understand that it may be necessary to obtain several consumer credit reports and that this authorization is valid until it is revoked in writing and such written revocation is provided to Dunne Law Offices, P.C.

Further, with my signature, I forever release, discharge, exonerate, hold harmless, and indemnify Dunne Law Offices, P.C., its authorized affiliates, employees, representatives, agents, co-counsel, and other authorized representatives from any liabilities of every nature and kind, including, but not limited to, claims for libel, slander, invasion of privacy, related tort claims, mistaken identity, misuse of information obtained, and any other preparation of consumer credit reports about me or involving me. If any portion of this release is later found invalid, the remainder of this release shall be enforced to the extent permitted by law. This authorization shall be valid in any form including, but not limited to, original form, copy form, Adobe-Sign, via electronic transmission, or facsimile transmission.

### **Debtor 1:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Aliases and former/maiden names**

\_\_\_\_\_  
**Social Security Number**

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

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Date of Birth**

### **Debtor 2: (if applicable)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Aliases and former/maiden names**

\_\_\_\_\_  
**Social Security Number**

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

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Date of Birth**