

Credit Release Authorization

To assist [] in its ability to provide me with financial counseling services, I hereby authorize [] to pull my Transunion credit report and FICO score now and periodically, but not more frequently than once every six (6) months for a period not to exceed five (5) years from the date of this authorization. I understand that all inquiries by [] into my credit constitute "soft inquiries" and will not adversely affect my credit or my credit rating. While the credit reports and scores pulled by [] on my behalf will be used to provide me with financial counseling and/or to track my financial outcomes, it is understood that I will not receive a copy of the credit reports. I understand that I may request a financial counseling session at [] in the future to discuss information in any credit report and/or credit score pulled by [] on my behalf. I further understand that I may withdraw [] authorization to pull additional credit reports or credit scores at any time without penalty. Notwithstanding the foregoing, I understand that I have the right to dispute information with the credit bureau, to request reinvestigation, and to have corrected reports reissued to previous recipients of the credit report at issue.

I understand that credit information is sensitive and that there may be inherent risks to accessing such data; I have had the opportunity to ask [] questions regarding such risks. I understand that all of my personal information will be held **confidential** by [] and used only as authorized by me.

Any questions that I may have regarding the above will be answered by [] at [].

By:
Date: