Security Freeze/Thaw Reimbursement Form

1) *Please complete the following information to receive reimbursement of fees paid to credit bureaus for Security Freeze/Thaw processes. Please note: Unless indicated, all information is REQUIRED to receive reimbursement.*

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____)_____ Email address: _____

Other Phone: (_____)_____ Date of Birth: _____

Last 4 digits of SS#: _____ Student ID *(if known)*: _____

Signature: _____ Date: _____

2) *Include in your remittance **ONE** of the following*:

- A copy of the cancelled check (front and back) or bank statement showing transaction.
- A copy of your credit card statement showing the transaction. (Please "black out" all information OTHER than name, address and specific transaction)
- A copy of the money order used to pay for the transaction.
- A copy of the credit bureau's information letter – please be sure to "black-out" pin #.

3) *Check the transaction this reimbursement is in reference to:*

☐ 1st Freeze ☐ 1st Thaw ☐ 2nd Freeze

4) *Mail, Fax, or Email completed form and proof of payment to:*

Southern Connecticut State University
501 Crescent Street, New Haven, CT 06515
ATTN: Controller's Office – WT
Fax to: 203-392-5057
Email to: securityreimbursement@southernct.edu

NOTE: An email confirmation will be sent to you within two (2) business days of receipt of this information. Please allow ten (10) business days from the date of your request to receive your reimbursement.