



TransUnion
Consumer Relations
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Accessibility Standards Feedback Form

**Thank you for your feedback regarding your TransUnion Accessibility Experience.
 We will use our best efforts to respond to you within 30 days.**

Service Used:	Date Used:

Service Channel Used:	Phone <input type="checkbox"/>	In-Person <input type="checkbox"/>	Mail <input type="checkbox"/>	E-mail <input type="checkbox"/>	Online <input type="checkbox"/>
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Please specify the nature of your feedback:

Question Comment Complaint

Please use the section to share your feedback regarding your accessibility experience:

Would you like a reply? Yes No If yes, indicate preferred method of response:

Mail <input type="checkbox"/>	E-mail <input type="checkbox"/>	Phone <input type="checkbox"/>
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Contact Information (complete only if you would like a response to your comments)

Last Name		First Name
Address (Street #, Street Name)		Unit/Apt
City/Town	Province	Postal Code
Telephone Number ()		Email Address

The personal information you have provided to us to enable us to respond to your inquiry will be used solely for that purpose. You will not be placed on any mailing lists, nor will your information be released to any third party, except as may be authorized by law.