

FCRA Section 605C Self-Attestation Form

Human Trafficking Victim Determination Documentation

Survivor's Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____

I attest that I am a victim of trafficking for purposes of Section 605C of the Fair Credit Reporting Act (FCRA).

Under penalty of perjury, I declare (certify, verify or state) that the foregoing is true and correct, to the best of my knowledge.

Survivor's Signature: _____ Date: _____

To be completed by an individual authorized pursuant to 12 CFR (Code of Federal Regulations) §1022.142(b)(6)(i)(A)(2):

Contact Information for NGO or Anti-Trafficking Task Force:

Organization: _____

City: _____

County: _____

State: _____

Representative: _____

Position: _____

Email: _____

Phone: _____

I serve with an organization providing services to victims of trafficking, and I attest that the above referenced individual is a victim of trafficking for purposes of Section 605C of the FCRA.

Under penalty of perjury, I declare (certify, verify or state) that the foregoing is true and correct, to the best of my knowledge.

Authorized Personnel Signature: _____ Date: _____