State Central Register P.O. Box 4480 Albany, New York 12204	
To Whom It May Concern:	
- -	-
The name(s) and date(s) of birth of	f my child(dren) are:
Further, pursuant to Section 422(7) copy of all information concerning me in t	of the Social Services Law, I am requesting a the State Central Register.
	Sincerely,
	Name
	Date of Birth
	Address

Case I.D. (if known)

Date _____