

Date _____

State Central Register
P.O. Box 4480
Albany, New York 12204

To Whom It May Concern:

I am writing to request a copy of all information concerning me in the State Central Register, as I am entitled to under Section 422(7) of the Social Services Law.

The name(s) and date(s) of birth of my child(dren) are:

Sincerely,

Name

Date of Birth

Address

Phone Number

Case I.D. (if known)