

\_\_\_\_\_  
(Insert Date)  
New York State Division of Criminal Justice Services  
Record Review Unit  
Alfred E. Smith Building  
80 South Swan Street  
Albany, NY 12210

Dear Sir/Madam:

This letter is being sent to request a copy of my criminal record and to confirm that I am on public assistance and cannot afford the \$50 fee to obtain my criminal record. Enclosed please find a copy of my \_\_\_\_\_ as proof of my indigence.  
(Insert Medicaid Card/Public Assistance Card)

Also enclosed is a full set of fingerprints. Thank you.

Sincerely,

\_\_\_\_\_  
(Insert Name)

\_\_\_\_\_  
(Insert Street Address)

\_\_\_\_\_  
(Insert City, State, Zip Code)

\_\_\_\_\_  
(Insert Date of Birth)