

Bureau of Criminal Identification and Information
Attention: Record Review Unit
P.O. Box 903417
Sacramento, CA 94201-4170
Fax # (916) 227-1964

(Date)

Dear Record Review Unit,

Enclosed please find my Application and Declaration for Waiver of Fee for Obtaining Criminal History Record. I am requesting a copy of my Rap Sheet because I want to expunge my convictions. I am enclosing my proof of income or proof of public benefits.

Please send my Request for Live Scan form to the following address:

Name

Street Address (including apartment number)

City

State

Zip Code

Sincerely,

(Signature)