

[Date]

New York State Office of Children and Family Services
Child Abuse and Maltreatment Register
P.O. Box 4480
Albany, New York 12204-0480

Re:

Child's name and DOB:

Parent's full name and DOB:

To Whom It May Concern:

I am requesting a copy of all of records and information regarding all reports in my name that are maintained by the Child Abuse and Maltreatment Register, pursuant to SSL § 422 (7). Please send copies of the records request to my attention at [your address].

I also request, pursuant to Social Services Law § 422(8), that if I am the subject of an indicated report of suspected child abuse or maltreatment that OCFS conduct an administrative review and determine the report should be amended to unfounded and legally sealed.

ACS never provided me a letter notifying me that they indicated any investigation of me or that I had a right to seek to have an indicated finding amended and sealed.

I look forward to your agency's response and would be happy to provide additional information if that would be helpful. I can be reached at [your phone number].

Sincerely,

[Redacted Signature Line]

(Signature)

[Redacted Name Line]

(Name)

[Redacted Address Line]

(Address)

[Redacted Address Line]

(Address)

[Redacted Phone Number Line]

(Phone Number)

[Redacted Email Line]

(Email)