

STATE OF NEW YORK  
DIVISION OF CRIMINAL JUSTICE SERVICES  
BUREAU OF IDENTIFICATION & CRIMINAL HISTORY OPERATIONS  
4 TOWER PLACE  
ALBANY, NEW YORK 12203-3764  
518 - 457-6051 (54)

**CORRESPONDENCE INQUIRY**

**INSTRUCTIONS:**

This form is to be used only when a fingerprint card is not possible.  
Shaded boxes are required data elements.  
Item D - INDICATE SPECIFIC PURPOSE FOR INQUIRY:

**A. DATE** \_\_\_\_\_

**B. REQUEST FOR**  
 Criminal Record  
 Other (Specify) \_\_\_\_\_

**C. REQUESTING AGENCY (NAME, ADDRESS & TELEPHONE NO.)**  
\_\_\_\_\_

**D. REASON FOR REQUEST & CASE NUMBER**  
\_\_\_\_\_

INPUT DATA

**1. NYSID NO.** \_\_\_\_\_

**2. NAME (LAST, FIRST, MIDDLE)** \_\_\_\_\_

**3. ADDRESS (LAST KNOWN)** \_\_\_\_\_

**4. NICKNAME** \_\_\_\_\_

**5. ALIAS AND/OR MAIDEN NAME** \_\_\_\_\_

**6. SEX**  
M  F

**7. RACIAL APPEARANCE**  
White Black Am. Indian Japan Chin. Other

**8. SKIN TONE**  
Light Medium Dark

**9. HEIGHT**  
Fl. In.

**10. DATE OF BIRTH**  
Mo. Day Yr.

**11. AGE** \_\_\_\_\_

**12. PLACE OF BIRTH** \_\_\_\_\_

**13. AGENCY ORI NO.** \_\_\_\_\_

**14. SOCIAL SECURITY NO.** \_\_\_\_\_

**15. FBI NO.** \_\_\_\_\_

**16. DCJS AGENCY CODE NO.** \_\_\_\_\_

**16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODDITIES, ETC.)**  
\_\_\_\_\_

**CONTROL DATA**  
**17. NAME OF REQUESTING OFFICER** \_\_\_\_\_  
**18. AUTHORIZED BY (SIGNATURE)** \_\_\_\_\_  
**19. TITLE** \_\_\_\_\_

DCJS USE ONLY

RESULTS OF INQUIRY

DATE \_\_\_\_\_

NO CRIMINAL RECORD IN NEW YORK STATE

RECORD ATTACHED

1

OTHER (SEE REMARKS)

REMARKS:

1 This response is based on other than a fingerprint identification.

DISTRIBUTION

White Copy - DCJS Response Transmittal  
Yellow Copy - Requester's File Copy