

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)