



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

PARDON REQUEST - BACKGROUND INFORMATION FORM

Please complete this form, to the best of your knowledge, and return to: **NYS Department of Corrections and Community Supervision Executive Clemency Bureau**
The Harriman State Campus – Building 2
1220 Washington Avenue
Albany, NY 12226-2050

Full Name of Applicant:

Current Address:

Phone Number(s):

Alias:

Date of Birth: Year Month Day

Social Security Number: - -

DIN # NYSID# FBI #

Alien Registration # (for immigration cases):

Whether Immigration proceedings are pending and the status:

Conviction(s) - Please note: include only NYS convictions:

Place of Crime(s):

Sentencing Date(s):

Sentence(s) Received:

Reason for Request (attach additional papers or write on back if necessary):

Any other identifying information (attach additional papers or write on back if necessary):

Applicant Signature: _____ Date