



NYS Department of State
 Address Confidentiality Program
 P.O. Box 1110
 Albany, NY 12201-1110
 Phone: (518) 474-7306
 Toll Free: (855) 350-4595
 Fax: (518) 474-0709
 Email: ACP@dos.ny.gov
 Web: www.dos.ny.gov/acp

Law Enforcement Request for Disclosure of Participant Information

Address Confidentiality Program (ACP)

Please PRINT or TYPE responses in ink.

New York Executive Law § 108 permits the Department of State to disclose an ACP participant's confidential actual address to a law enforcement agency when requested for a legitimate law enforcement purpose.

I acknowledge that _____
Name of Law Enforcement Agency

is requesting disclosure of the actual address of the following ACP participant:

Participant Name	ACP Identification #
------------------	----------------------

For the following legitimate law enforcement purpose:

I further acknowledge that the confidential address information requested will be used solely for the law enforcement purposes identified on this form, will not be disclosed to agency personnel who do not have a legitimate law enforcement purpose for accessing this information, and will not be publicly disseminated at any time.

 Name of Requestor/Law Enforcement Official

 Officer's Badge Number/ Agency ID Number

 Name of Chief Commanding Officer or Designee

 Signature of Chief Commanding Officer or Designee

 Physical Address of Law Enforcement Agency

 Agency Phone Number

 Date

This request for disclosure can be mailed to:

**NYS Department of State
 Address Confidentiality Program
 P.O. Box 1110
 Albany, NY 12201-1110
 Or faxed to the ACP at: (518) 474-0709**

ACP Section

The requested disclosure was provided to _____ on _____

How was the information provided? _____