



# NYCPD - REQUEST FOR SECURITY GUARD LETTER



Have You Previously Requested a Letter or Transcript? Yes ☐ No ☐

If Yes, Approx. Date of Request \_\_\_\_\_

Name \_\_\_\_\_ Training Academy: NYCPD ☐ Transit ☐ Housing ☐  
Last First Maiden  
Last Rank \_\_\_\_\_ Tax# \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ (Include Apt. #) PA Company # \_\_\_\_\_ DOB \_\_\_\_\_  
Date Appointed \_\_\_\_\_ Date Left Agency \_\_\_\_\_  
(Retirement Date)

Unless otherwise specified, the letter will be addressed as follows: NYS Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001

If you would like the letter to be addressed differently, please include the address below:

State Agency's  
Information:

Name of State Agency \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please return this application with a copy of your retired picture ID (front and back) to:

NYC Police Academy  
Training Records Unit, Room 833  
235 East 20th Street  
New York, NY 10003

Phone: 212-477-9750/9610  
Fax: 212-477-7125

Processing time for this request is approximately 7-10 business days.

## FOR OFFICE USE ONLY:

DATE RECEIVED \_\_\_\_\_

LOG # \_\_\_\_\_

DATE SENT \_\_\_\_\_

Mail ☐ Phone ☐ Walk-in ☐ Fax ☐

Reviewed By: \_\_\_\_\_