

Arizona Department of Corrections
Offender Services/Records Unit
1601 W. Jefferson Street
Phoenix, AZ 85007

Re: Request for Certificate of Absolute Discharge

To Whom It May Concern:

I was an inmate in the Arizona State Prison and would like to request a Certificate of Absolute Discharge.

My full name is _____

My ADC number is _____

Please send the certificate to:

Name: _____

Address: _____

City/State/Zip: _____

If you have any questions, you can contact me at _____.

Thank you very much.

Sincerely,

[signature]

Date: _____