



Police Records Check and Release Form (SF39)

Please submit this form only to **Police Vetting Section (CRO)**, Dame Lois Browne-Evans Building, 58 Court Street, Hamilton, Bermuda. Opening hours: **9:00am – 4:00pm (closed 1:00pm – 2:15pm) Mon-Fri** | Email: **vetting@bps.bm**

Section 1

Instructions: Complete all relevant fields and follow the submitting instructions as outlined in the **Guidance Notes**.

Full Name			
Any Other Name <i>(i.e. Maiden or Deed Poll)</i>			
Age		Gender	
Date of Birth		Country of Birth	
Current Address			
Telephone Numbers	(w)	(h)	(c)
Email address			
*Full Name and Address of recipient			
Reference Number <i>(if applicable)</i>			
Reason for Application			

**I authorize the Bermuda Police Service to disclose details of my previous convictions (if any) to the recipient named above.*

Collection / Return Option for completed forms	
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Section 2

I authorize the person listed below to act on my behalf in this matter.

I authorize		
Contact Number(s)		

Signature: _____ Date: _____

Declaration: *I, herewith, confirm that to the best of my knowledge, the above information is true and accurate. I also confirm that I have read all Guidance Notes*