

# 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 Monday to Friday** | Email: **vetting@bps.bm**

## Section 1

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

Full Name			
Maiden / Name at Birth <i>(if applicable)</i>			
Age		Gender	
Date of Birth		Country of Birth	
Current Address			
Telephone Numbers	(w)	(h)	(c)
Email address			
Overseas applicants, please provide last Bermuda Address			
*Full Name and Address of recipient <i>(if different from above)</i>			
Reference Number <i>(if applicable)</i>			
Reason for Application			

*\*I authorise the Bermuda Police Service (BPS) 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 – Information & Consent for Disclosure (Spent Convictions & U.S. Consulate Applications)

I, the undersigned, hereby acknowledge and consent as follows:

### 1. Authorisation for Disclosure

I authorise the BPS to disclose details of any previous convictions to the organisation or agency identified in my application for the purpose of conducting a police records check. I understand and acknowledge that, for U.S. Consulate applications, this includes the disclosure of both unspent and spent convictions, which will be transmitted to U.S. authorities.

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## 2. Scope of Disclosure

I understand that the information disclosed may include both unspent and spent convictions, in accordance with the *Rehabilitation of Offenders Act 1977 (Bermuda)* and other applicable legislation.

## 3. Method of Disclosure

I consent to the BPS transmitting this information in hard copy or via secure electronic means, as determined appropriate by the BPS, in order to preserve confidentiality and data integrity.

## 4. Purpose Limitation

I understand that the disclosed information will be used solely for the stated background or suitability assessment relevant to my application, and will not be further shared, retained, or copied without my written consent, except where required by law.

## 5. Duration of Consent

I acknowledge that this consent remains valid for six (6) months from the date of my signature, unless I withdraw it earlier in writing to the BPS.

## 6. Voluntary Consent and Acknowledgement

I confirm that I have read and understood this declaration and provide my consent voluntarily. I understand that I may withdraw my consent at any time prior to disclosure by notifying the BPS in writing.

### Section 3

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

I authorise		
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*