Police Records Check

Date: _____

I, _____
(full name)

_____
(any other name(s) used)

of: _____
(full present address)

Date of Birth: _____ Place of Birth: _____
(month, day, year) (city/town, state or country)

Social Security Number: _____

do authorize the Suffield Police Department to conduct a **Check of local records** and disclose any criminal records to _____ that may be filed with the records
(name of company or individual)
department of the Suffield Police Department. I understand this check does not include motor vehicle violations or juvenile offenses.

_____
(signature)

☐ Record Found

☐ No Record Found

A more extensive records check may be made through the State of Connecticut, Department of Public Safety, State Police Bureau of Identification (S.P.B.I.), **CRIMINAL HISTORY CONVICTION INFORMATION REQUEST.**

_____
(Authorizing Signature)