

Record Deletion

Application Form

You must refer to the Record Deletion Application Form Guide in order to complete this form and you must complete all mandatory fields marked with an asterisk* as these fields will enable us to confirm your identity. Failure to do so may result in your application being returned to you.

NB. The information supplied in connection with this application will be used for the purpose of processing this request and may be used to update the PNC, where applicable. By submitting this form to ACRO, you consent to ACRO and other relevant police forces contacting you in relation to this application, using the details you have provided.

If you have previously submitted a deletion request to force, please provide the ACRO reference number that relates to this below				
ACRO reference number:				
Personal information				
* Title:		Choose an item.		
* All Forename(s):				
* Surname (Family name):				
* Previous name(s):				
* Date of birth (dd/mm/yyyy) :				
* Place Of Birth:	Town:			
	Country:			
* Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Ethnic Appearance:		<input type="checkbox"/> White North European	<input type="checkbox"/> White South European	<input type="checkbox"/> Black <input type="checkbox"/> Asian
		<input type="checkbox"/> Chinese, Japanese or South East Asian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other or Declined
* Current Address:		House name/number: Street: Town/City: County: Post Code:		
Contact Tel. Number:				

*Email Address:			
Records that you are applying to have deleted			
<input type="checkbox"/> I acknowledge that in submitting this application, I am applying for the eligible arrest event(s) on my PNC record (and which are detailed in this form) plus any accompanying fingerprints and DNA to be reviewed for deletion, if still held.			
<input type="checkbox"/> If held, I would also like my custody image to be reviewed for the deletion at the same time			
Proof of identity and address			
Please place an 'X' in the relevant boxes below to confirm the type of documentation included with your application. Please see the Record Deletion application guide for details on acceptable proof of address (dated within the last 6 months) and proof of identity.			
<input type="checkbox"/> Passport (photo page)	<input type="checkbox"/> Photo driving licence	<input type="checkbox"/> Other	And <input type="checkbox"/> Proof of Address

Event 1 - Details of the event leading to arrest, report, summons, voluntary attendance or issuing of a Penalty Notice for Disorder (PND). <i>N.B. If you have further event histories / PNDs for consideration under this process, please provide details by completing a separate Record Deletion Additional Event Form, which you can obtain on our website.</i>		
Address provided when arrested/charged, if different to current address:	House name/number: Street: Town/City: County: Post Code:	
The police force and station who dealt with your case	*Force	Choose an item.
	Station	
* Date that you were arrested/reported/summonsed/ issued a PND		
Name of the police officer who dealt with your case (if known)		
* The offence or offences that you were arrested/reported/summonsed/ issued a PND for that you wish to be deleted		
To the best of your knowledge, has the police investigation concerning yourself concluded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In no more than 600 characters, please provide details of the circumstances of the event which is sought for deletion. In addition, please also provide evidence to support the grounds for record deletion, which you will select on page 3. This will assist the chief officer's decision making process.		

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Do you have any further events you would like to be considered under this process? Yes ☐ No ☐

If yes, how many?

N.B. Please complete a separate Record Deletion Additional Event Form (available on our website) for each additional event that you would like to be considered under this process.

Grounds for record deletion

Please see the Record Deletion Application Guide, which sets out the grounds under which an application should be considered. Please identify the reason(s) below which you consider to be the grounds upon which you make this application, by placing an 'X' in the relevant box(es).

Unlawfully taken	<input type="checkbox"/>
Mistaken identity / unlawful arrest	<input type="checkbox"/>
No crime	<input type="checkbox"/>
Malicious/false allegation	<input type="checkbox"/>
Proven alibi	<input type="checkbox"/>
Incorrect disposal	<input type="checkbox"/>
Suspect status not clear at the time of arrest	<input type="checkbox"/>
Another person convicted of the offence	<input type="checkbox"/>
Judicial Recommendation	<input type="checkbox"/>
Public interest	<input type="checkbox"/>

Applicant declaration

Please place an 'X' in the box against the appropriate statement:

- ☐ I am the applicant
- ☐ I am the applicant's representative

Applicant declaration continued

1. I am the individual to whom this application relates, or I am the parent/legal guardian/appropriate adult acting on behalf of the individual to whom this application relates.
2. I understand the questions asked in this application and I confirm that the information I have supplied is accurate.
3. I enclose with my application a copy of a current identification document and a copy of proof of current address, which will assist the Police in establishing that I am the person to whom this application relates.
4. If I am a parent/legal guardian/appropriate adult acting on behalf of the applicant then I have enclosed a copy of proof of identity and current address pertaining to me in addition to those pertaining to the applicant.
5. If I have Power of Attorney for the applicant, I have enclosed a copy of the Power of Attorney documents with this request.
6. If I am a legal representative acting on behalf of the applicant then I have enclosed a signed letter of authority dated within the last 6 months to reflect this.
7. I understand that the results of my application will be sent to me via email, unless I place an 'X' in the following box, which means that I elect to have the results forwarded to me via post (to my current address detailed on page 1 of this form). ☐

For use by the applicant only

* By signing below I acknowledge and understand the aforementioned declarations.

*Print name:

*Date:

For use by the Parent/Legal Guardian/Legal Representative/Appropriate Adult acting on behalf of the applicant only

* I am acting on the applicant's behalf and by signing below, I acknowledge and understand the aforementioned declarations.

*Print name:

*Date: