PRESBYTERIAN SUPPORT EAST COAST

AUTHORISATION TO DISCLOSE INFORMATION

To: Licensing and Vetting Service Centre
Police National Headquarters
PO Box 3017
Wellington 6140

Note:
A stamped, self -addressed envelope must accompany all requests

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I, ...
(Surname) (First Names)

.....
(Maiden or any other names used)

Sex ..... (M/F) Date of birth..... Place of birth.....

Nationality ..... Residential Address .....

Suburb ..... City .....

NZ Driver Licence number .....

authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to **Presbyterian Support East Coast.** I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE:

Agency code: E20161