



**AUSTRALIAN CONSULATE GENERAL  
AUCKLAND**

LEVEL 7  
184-196 QUAY STREET  
PRICE WATERHOUSE-COOPERS TOWER  
AUCKLAND  
NEW ZEALAND

PHONE: 09 921 8800  
FAX: 09 921 8822

**CONSENT TO DISCLOSURE OF INFORMATION**

I.....  
(FAMILY NAME) (FORENAMES)

.....  
(MAIDEN OR ANY OTHER NAMES USED)

SEX: ... (M/F) DATE OF BIRTH:.....

PLACE OF BIRTH.....

NATIONALITY: ..... ADDRESS:.....

.....

DRIVERS LICENSE .....

EMAIL.....PHONE.....

I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of section 14(3)(b)(ii) of that Act.

I hereby consent to the disclosure by the New Zealand Police of any information that they may have pursuant to this application to the **Australian government for visa and citizenship purposes only.**

SIGNED:..... DATE: .....