



**AUSTRALIAN HIGH COMMISSION
WELLINGTON**

Australian High Commission
72-76 Hobson Street, Thorndon
Wellington 6011
NEW ZEALAND

CONSENT TO DISCLOSURE OF INFORMATION

I.....
(SURNAME) (GIVEN NAME) (MIDDLE NAME)

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

GENDER..... DATE OF BIRTH:.....

PLACE OF BIRTH

COUNTRY OF BIRTH.....

CITIZENSHIP(S) HELD:

RESIDENTIAL ADDRESS:

DRIVERS LICENCE NUMBER PASSPORT NUMBER.....

DO YOU HAVE A VISA APPLICATION? - please circle: **YES / NO**

WHAT TYPE OF APPLICATION?

YOUR EMAIL (**please print clearly**)

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 further information (such as sentencing remarks and/or court orders) that they may have pursuant to this application to the **Australian government for visa and citizenship purposes only**.

I confirm that I have attached a form of ID (photographic) and that I am aware that without including this information it is not possible to progress my application.

I understand that consent forms must be sent without delay. Forms older than 90 days will not be processed.

I confirm that I am aware that it make take up to 25 working days to New Zealand Police to release my report.

SIGNED: DATE:

Please do not sign this form electronically