

Attn: Age Concern Auckland

**NEW ZEALAND POLICE
CONSENT TO DISCLOSURE OF INFORMATION**

New Zealand Police
Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I,
(Surname) (Forenames)

.....
(Alias or alternative names; married name if not your surname)

Gender (M / F / Other) Date of birth (/ /)

Country and Place of birth (Town/City)

NZ Driver Licence number.....

Residential address (Number/Street)
.....

Suburb..... Post Code

City/Town/Rural District

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Age Concern Auckland Incorporated. 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