



**CONSENT TO DISCLOSURE OF INFORMATION**

Community Support Manager  
Office of the Commissioner  
New Zealand Police  
P O Box 3017  
WELLINGTON

**NB. A Copy of Proof of Identification must be attached (eg. Photo Drivers Licence, Birth Certificate, Passport) and endorsed by a Police Officer to verify original has been sighted.**

I, .....  
( Surname ) ( First Names )  
.....  
( Maiden or any other names used )

Sex ..... Date of Birth..... Place of Birth .....

Residential Address .....

NZ Driver Licence number ..... Nationality.....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the *North Hamilton Community Patrol* Police Liaison Officer. I understand that my record of criminal convictions will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signature of person giving consent:..... Date:.....

<b>Police Liaison Officer to complete:</b>	
Name: .....	QID: .....
Station: North Hamilton CPC, Private Bag 3078, Hamilton	Phone: (07) 854-6000 Ext 78120
Signed: .....	Date: .....

<b>Comments of the New Zealand Police (Office of the Commissioner)</b>	
The applicant is:	
<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable
<input type="checkbox"/> Further local inquiry is recommended	<input type="checkbox"/> May apply at a later date