



# Consent to Disclosure of Information New Zealand Police

Licensing and Vetting Service Centre  
Office of the Commissioner  
PO Box 3017  
WELLINGTON

I \_\_\_\_\_  
Surname First Names

Formerly known as \_\_\_\_\_  
Maiden name or other names used

Sex: \_\_\_\_\_  
Male / Female Date of Birth

\_\_\_\_\_  
Place of Birth Nationality

\_\_\_\_\_  
Street Number and Street Name

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
City and Post Code

\_\_\_\_\_  
New Zealand Drivers Licence Number

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application to the **Perfect Partners Assistance Dogs Trust**.

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

