

**CONSENT TO DISCLOSURE OF INFORMATION**

Fill in this form (please print clearly),  
sign it and send it to:

Assembly Office, PCR  
PO Box 9049  
**WELLINGTON**

This form will be sent by the  
Assembly Office to the  
Licensing & Vetting Service  
Centre

I, .....  
(Surname) (Fore Names)

.....  
(Maiden or any other names used)

Date and place of birth .....

Sex .....(M/F) Nationality .....

Residential Address .....

Suburb ..... City .....

NZ Drivers Licence number .....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the **Presbyterian Church of Aotearoa New Zealand**. 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**

A stamped, self-addressed envelope must accompany all requests.