

RAUKATAURI MUSIC THERAPY CENTRE

15 Surrey Crescent, Grey Lynn, Auckland 1021

AUTHORISATION TO DISCLOSE INFORMATION

To: Licensing and Vetting Service Centre
Police National Headquarters
PO Box 3017
Wellington 6140

Note:

A stamped, self-addressed
envelope must accompany
all requests

I,.....
(Surname) (First Names)

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

Sex.....(M/F) Date of birth..... Place of birth.....

Nationality..... Residential Address.....

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

NZ Driver Licence number

authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to the Raukatauri Music Therapy Centre. 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: