



TE RAKI PAE WHENUA
NORTH SHORE PLAYCENTRE ASSOCIATION INC.

**North Shore Playcentre Association
CONSENT TO DISCLOSURE OF INFORMATION**

Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
WELLINGTON 6140

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

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

Sex.....(M/F) Date and place of birth.....

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

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

NZ Driver Licence number

I hereby consent to the disclosure by the New Zealand Police of information they may have pursuant to this application, to North Shore Playcentre Association. 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.

Agency code:N70604