LAIDLAW COLLEGE: AUTHORISATION TO DISCLOSE INFORMATION

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

WHO SHOULD COMPLETE THIS FORM?

This form is for domestic applicants only.
Please sign and return this form with your application to the Bachelor of Counselling or Bachelor of Teaching (Primary) and Worldview Studies programmes.

Declaration

I

(*Surname/Family name*) (*First Names*)

(*Maiden or any other names used*)

Gender (please tick) ☐ Male ☐ Female 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 Laidlaw College Inc.** 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.

Name Signature Date

Comments of the New Zealand Police:

AGENCY CODE: B30053

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