



**AUSTRALIAN CONSULATE GENERAL  
AUCKLAND**

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184-196 QUAY STREET  
PRICE WATERHOUSE-COOPERS TOWER  
AUCKLAND  
NEW ZEALAND**

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**CONSENT TO DISCLOSURE OF INFORMATION**

I.....  
(FAMILY NAME) (GIVEN NAME) (MIDDLE NAME)

.....  
(MAIDEN OR ANY OTHER NAMES USED)

SEX: .... (M/F) DATE OF BIRTH:.....

PLACE OF BIRTH.....

CITIZENSHIPS HELD: .....

ADDRESS:.....

DRIVERS LICENCE .....

PASSPORT NUMBER .....

EMAIL.....PHONE.....

I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of section 14(3)(b)(ii) of that Act.

I hereby consent to the disclosure by the New Zealand Police of any information that they may have pursuant to this application to the **Australian government for visa and citizenship purposes only.**

SIGNED: ..... DATE: .....