

# Consent to Disclose Information Form New Zealand Tertiary College



**IMPORTANT:** Please send this form with your New Zealand Tertiary College application form

Scan and eMail: [enrolments@nztertiarycollege.ac.nz](mailto:enrolments@nztertiarycollege.ac.nz)

Fax: 09 520 4020

alternatively post to: **Auckland Campus**

New Zealand Tertiary College  
PO Box 17143  
Greenlane, Auckland 1546

**Christchurch Campus**

New Zealand Tertiary College  
PO Box 5561  
Papanui, Christchurch 8542

I,    
(Surname) (First names)

(Maiden or other names used)

Gender:  Male  Female Date and place of birth:

Nationality:  Residential address:

Suburb:  City:

NZ Drivers License number:

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to train as a teacher of young children, to New Zealand Tertiary College. 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:  Dated:

POLICE COMMENTS:


**Please note:**

Should you have any queries, please phone New Zealand Tertiary College on (Auckland) +64 9 520 4000 or (Christchurch) +64 3 366 800

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