Consent to Disclose Information Form New Zealand Tertiary College



IMPORTANT: Scan and email: admissions@nztertiarycollege.ac.nz

I,										
			(Surname)			(Firs	t Name)			
			(Maid	len or other na	nes use	d)				
Gender		Male	Female		Date of	birth:				
Place of birth:					Country of bir		h:			
Nationalit	ty:									
Residenti	al addr	ress:								
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Signed:							Dated:			
POLICE CO	OMMEN	NTS:								

Please note:

Should you have any queries, please phone New Zealand Tertiary College on +64 9 520 4000

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