



West REAP  
Te Aro Ako

pathways to learning

## Consent to Disclosure of Information

Licensing & Vetting Service Centre  
Office of the Commissioner  
PO Box 3017  
Wellington

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

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

Sex ..... (M / F) Date & Place of birth .....

Nationality .....

Residential Address .....

NZ Driver Licence Number .....

hereby consent to disclosure by the New Zealand Police of any information they may have pursuant to this application, to Westland REAP 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.

Signed ..... Date .....

COMMENTS OF THE NEW ZEALAND POLICE:

Agency Code W70355