



# Oruaiti School

## AUTHORISATION TO DISCLOSE INFORMATION

### Police Vetting Form

I, .....  
(Surname) (First Names)

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

Sex: ..... (M/F) Date of Birth: ..... Place of Birth: .....

Nationality: .....

Residential Address: .....

Suburb: ..... City: .....

**ID – We need to sight your Photo Identification.  
Vetting cannot be completed without it.**

NZ Drivers Licence Number: ..... Expiry Date: .....

**Or**

NZ Passport Number: ..... Expiry Date: .....

**Or**

Other form of Photo Identification: .....

Authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to **Oruaiti School**.

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 Criminals Records (Clean Slate) Act 2004.

Signed: ..... Date: .....