



Tennis New Zealand  
PO Box 18-308  
Glen Innes  
Auckland 1743  
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## CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
WELLINGTON 6140

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

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

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

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

Please send to **Tennis New Zealand**, PO Box 18-308, Glen Innes, Auckland 1743  
Fax: 09 528 5789