

TO WHOM IT MAY CONCERN

AUTHORITY TO RELEASE PERSONAL INFORMATION

I, [First Name(s), LAST NAME] _____
a citizen of [Country] _____
born in [City/Town] _____
on [Date of birth] _____

hereby authorise the release of all information concerning myself held by

and concerning

I request and authorise _____
and its agents to give every assistance, including the full release of
information concerning myself held by them, to Immigration New Zealand.

Signed _____

Full name _____

Dated _____

Witness _____

Full name _____

Dated _____