CONSENT TO DISCLOSURE OF INFORMATION

I	
(FAMILY NAME)	
DATE OF BIRTH:	
GENDER:	
ADDRESS:	
MOJ request ID number:	
EMAIL	PHONE
Department of Immigration and	e by the Ministry of Justice New Zealand information to the Australian Border Protection that is restricted to whether I was issued more than blication for a Criminal Record Check. I understand that the response be a Yes/NO response only.
The disclosure of this informations is to be used for visa and citizens	n to the Australian Department of Immigration and Border Protection ship purposes only.
SIGNED:	DATE: