



**CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA**

**Immigrant Visa Section
Private Bag 92022
Auckland, New Zealand
Ph (09) 303 2724 extn 2810 Fax:(09) 366 0870
Email: AucklandIV@state.gov**

NEW ZEALAND POLICE CLEARANCE AUTHORIZATION

Police Vetting Service
Office of the Commissioner
New Zealand Police National Headquarters

Requesting Office: _____
Requesting Office Email Address: _____
Applicant Case Number: _____
A#: _____

Dear Sir:

I, _____
(**SURNAME**, First name, Middle name, & any aliases/MAIDEN name)

born in: _____ on: _____
City/Country DD/MM/YYYY

GENDER: _____, Nationality: _____; hereby authorize the New Zealand Police to disclose to the Consulate General of the United States any details of criminal activity recorded in my name.

I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of section 14(3)(b)(ii) of that Act, as set out above.

This information is to be provided to the United States Government solely for the purpose of determining visa eligibility and is not to be released to any other person or organization for any other purpose.

Date: _____ Signature: _____

Present Street Address: _____

Suburb: _____ City: _____

Last N.Z. Address: _____

IMPORTANT NOTE: Attach a copy of your Passport Descriptive Page and return it with this form to the U.S. Consulate General, in Auckland by N.Z. Post or email.

**DO NOT Send Directly to the New Zealand Police Department.
They Do NOT Deal Directly With the Public on Clearance Requests.**