

Authority to Request Learner Information
under the Privacy Act 2020.

I [insert Learner full legal name] (Learner)		
Of [full address]		
Date of Birth [dd/mm/yyyy]	NSN [if known]	
Email address:	Phone Number:	
Name of at least one School or Education Provider where you have completed study.		
Give authority to:		
Full Name: [insert Authorised Persons full legal name] (the Authorised Person).		
Learners' relationship to the Authorised Person:		
Of [address of authorised Person and, if representing a company, company's name]		
Email address	Phone Number	
To request my learner information from the New Zealand Qualifications Authority (NZQA) <u>and</u> authorise NZQA to provide the following information to the Authorised Person: <input type="checkbox"/> My Record of Achievement <input type="checkbox"/> Other [please state]		
I confirm that NZQA can disclose my NSN on my behalf to the Authorised Person [select to confirm]		<input type="checkbox"/>
This authority will last [select one]:		
until I advise NZQA otherwise <input type="checkbox"/>	from [insert start date] until [Insert end date]	<input type="checkbox"/>
Signature(s)		
Signed [Learner signature]		Date:
Name [Learner Name]		
Signed [Authorised Person's signature]		Date:
Name [Authorised Person's name– include company name if the person being authorised is representing a company]		