

This authorisation will allow NZQA to disclose your personal information (in accordance with the [Privacy Act 2020](#)) with the Authorised party for the purposes set out in this form.

I,

Applicant Name	
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, authorise:

IQA Number						
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- the New Zealand Qualifications Authority ('NZQA') to disclose to the Authorised party (detailed below) all relevant information about my qualifications recognition application (above if known); and
- the Authorised party (detailed below) to act on my behalf in relation to the above application.

Authorised party details:

Full Name			
Name of Organisation			
Address			
Phone Number		Email	

I have attached proof of ID (*Passport*) for the Authorised party

I give this authorisation voluntary and I understand that I can withdraw it in writing at any time.

Applicant Signature		Date	
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Please note, if you have applied to NZQA previously for qualifications recognition, the Authorised party will be able to view this information.

Questions?

Contact us at QRSadmin@nzqa.govt.nz or on +64 (4) 463 3000 (toll-free in NZ: 0800 697 296)

