

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, _____, authorise:

Full name

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

Application #

Authorised party details:

Full name: _____

Name of Organisation (if applicable): _____

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

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)

