



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

**Immigrant Visa Section
Private Bag 92022
Auckland, New Zealand
Ph (09) 303 2724 extn 227/228 Fax:(09) 366 0870
www.usconsulateauckland.org.nz**

NEW ZEALAND POLICE CLEARANCE AUTHORIZATION

Requesting Office: _____

Vetting & Validation Section
Office of the Commissioner
New Zealand Police National Headquarters
P.O. Box 3017
WELLINGTON

Visa Category: _____
Case No.: _____

Dear Sir:

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

born at: _____ on: _____

Sex: _____, 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.

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 Address: _____

Last N.Z. Address: _____

e-mail: _____

**NOTE: THIS FORM MUST BE RETURNED TO THE AMERICAN
CONSULATE GENERAL, IN AUCKLAND, NEW ZEALAND (THROUGH
U.S. EMBASSY IN SEOUL.)**

**DO NOT SEND DIRECT TO THE NEW ZEALAND POLICE DEPARTMENT
AS THEY DO NOT DEAL DIRECTLY WITH THE PUBLIC ON CLEARANCE
REQUESTS.**