



# Authority to Act: Requests for Information

Fill out this form to authorise someone to obtain information about you on your behalf.

## 1. Your details

Your full name:

Date of birth:

Email:

Phone:

*We may use this to check with you that you agree to us giving information to your nominated person*

## 2. Your nominated person

Their full name:

Email:

Phone:

Company or business (if applicable):

Relationship to you:

## 3. Your declaration

- I authorise my nominated person to obtain information about me on my behalf, and for Te Tāhuhu o te Mātauranga | Ministry of Education (MoE) to act on the instructions of my nominated person with regard to the information it holds about me.
- I understand that MoE is not responsible for any actions of my nominated person.
- I understand that I am giving my nominated person authority to request access to my information by telephone, email, and letter.
- I understand MoE will cancel this authority if I ask them to and that this authority will stay in effect until I cancel it.

Your name:

Signature:

Date:

### Collecting and using your personal information

Te Tāhuhu o te Mātauranga | Ministry of Education collects, uses, stores and shares this information in line with the Privacy Act, to help verify your identity and the identity of the person you have nominated to act on your behalf. This information will be kept secure, and will not ordinarily be shared unless it is for the purpose for which it is being collected, or has to be shared by law. You have the right to request a copy of the information we hold about you, and to ask for it to be corrected if you think it is wrong. For more information go to [www.education.govt.nz/legal-and-privacy/](http://www.education.govt.nz/legal-and-privacy/).