

Consent to disclose information to media

I authorise Kāinga Ora to provide information about my interactions with Kāinga Ora in relation to

[insert details] _____ to the media outlet [insert name]

_____.

I understand that Kāinga Ora will have no control over the future use or publication of that information by that media outlet or any other media outlet.

I understand that Kāinga Ora needs to verify my identity so I can consent to the release of my personal information described above, and have provided my identity details below:

Name: _____

Kāinga Ora Customer #: _____

Address: _____

Date of Birth: _____

Customer Signature: _____

Date: _____

Customer's Photo ID provided if submitted by media outlet on customer's behalf: YES/NO

*All the above fields are mandatory. Please send the completed form along with any relevant attachments (including photo ID if required) to: mediaenquiries@kaingaora.govt.nz

Identity verified by:

Name and position of Kāinga Ora Employee: _____

Date: _____