

**Authorisation for
Disclosure of Information to Agent**



**Te Tari Taiwhenua
Internal Affairs**

I authorise the Registrar-General of Births, Deaths and Marriages to disclose any information to which I am entitled from the Human Assisted Reproductive Technology Register to:

Full name of "Agent"

Signature of donor

or

Signature of donor offspring or guardian

Printed full name of donor

Printed full name of donor offspring or guardian

Today's Date

Post to:

**HART Team
Births, Deaths & Marriages (HART)
P O Box 10526
Wellington 6143**