REQUEST FOR ACCESS TO PERSONAL INFORMATION

Under the Privacy Act 1993



You may deliver your completed request by email to **privacy@victimsupport.org.nz** or by post to Victim Support at P.O. Box 3017, Wellington 6140, or deliver by hand to a staff member at a Victim Support office.

Personal Details

Victim Support requires some personal details to process your request:

- Victim Support needs to be satisfied as to your identity
- To deliver a response to your request we require an email address or postal address
- To contact you if we need to clarify your request, we require a phone number, email address, or postal address.

Evidence of Identity

To make a request for personal information, we must be satisfied that we know who you are. You will need to provide the following:

- Copies of TWO forms of ID (one must be photographic)
- Unless you are delivering your request to Victim Support office by hand, it is also necessary to provide an identity referee's written statement*

OR a photograph of you holding your photographic ID and this application

Your Details

First name:	
Middle name(s):	
Family name:	
Date of birth (optional):	
Address:	
Post code:	
Email address:	
Phone number:	
Mobile number:	



^{*} The identity referee's written statement should indicate that he or she has sighted and signed the two forms of ID, compared the photographic image with you, and confirms they appear to be the same person. The identity referee must provide name and contact details. An identity referee must be over 16, not your partner or spouse or related to you or your extended family, and not live at your address. It is preferable for the identity referee to have known you for at least 12 months or be a person of standing in the community (e.g. registered professional, religious or community leader).

Your Identification

Primary identification	n (including photograph):
Drivers' licen	rce .
Passport	
Other*	
*Other does	not include the items listed as secondary identification.
Secondary identificat	ion:
Community	services card
SuperGold ca	ard
Student ID	
Birth certifica	ate
NZ Utilities b	ill addressed to you not less than 6 months' earlier
Other	
Verification method	(one of):
	itten statement
Photo of you	holding your photo identification and this application
Confirmation	by Victim Support staff member
	rmation do you require?
	ecific as possible eason for your request may help us understand what you want and limiting the scope may help us process it
more quickly	as a process to
 Note: Only the through a representation 	person whom the information is about can ask for access to personal information (either directly or esentative)



What information do you require (continued):		
YOUR SIGNATURE		
Signed by:		
Requester Name:		
Date:		
Office use only:		
Received by:		
Location:		
Date received:		