



# Privacy consent form

## Consent to disclose my personal information to a specific media outlet

Media outlet: \_\_\_\_\_

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SWN (Client no): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

I authorise the Ministry of Social Development (Work and Income) to provide information on my situation and on my interactions with the Ministry to the media outlet named above respond to this media query, and to provide the same information in the event of any further media coverage that may arise out of this query.

I understand the Ministry may also provide this information to the responsible Minister.

Signature: \_\_\_\_\_

\*All the fields are mandatory. Please send the form to <mailto:media@msd.govt.nz>.