## Permission to release personal information to media

A journalist or reporter will ask you to complete this form when they want information about you from us (Whaikaha – Ministry of Disabled People).   
Please note:

* By completing this form, you are agreeing to us giving information about you to the journalist which relates to the story they are writing and the questions they have raised with us.
* We will only give information about you to the journalist that is relevant to their story or questions they have asked.
* If you want, you can ask the journalist to see what information we sent them.
* If you are completing this form on behalf of another person, we will also need to see your written authority to act on their behalf.

Full name:

Date of birth:

Address:

Phone (if you have one):

Email (if you have one):

Name of journalist and media organisation the work for:

**I agree to Whaikaha giving information about me, to the journalist, to answer their media query.**

Signature:

Date:

Please send the form to [media@whaikaha.govt.nz](mailto:media@whaikaha.govt.nz)

If you have any questions about this form you can talk to your contact person at Whaikaha or contact us by:

Email: [contact@whaikaha.govt.nz](mailto:contact@whaikaha.govt.nz)

Phone: 0800 566 601 or text 4206