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**TEMPLATE CONSENT FORM TO DISCLOSE PERSONAL INFORMATION OUTSIDE OF NEW ZEALAND**

**Consent**

I hereby consent to and authorise the University of Otago to disclose limited personal information relating to me to [*name of offshore party*], located in [*country*].
Such disclosure is for the purpose of [*specify the purpose of the disclosure and, if practicable, the information that will be shared (e.g. name, date of birth)*].

Disclosure will be limited to personal information related to this purpose.

I acknowledge that the University of Otago is satisfied that disclosure of my information for these purposes is legitimate and that there is an expectation my information will be protected.

Nonetheless, I confirm that I am aware of, and accept that, due to differing privacy laws in the country to which I consent to my information being sent, my personal information may not be required to protected in a way that, overall, provides comparable safeguards to those in the New Zealand Privacy Act 2020.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_