

## ACCESS AUTHORITY (PART ONE)

(for access conditions set under Sections 42, 43 & 44 of the Public Records Act 2005)

Please complete sections 1-3. For restricted access records, sections 4 & 7 must also be completed.

### 1. CONTROLLING PUBLIC OFFICE/DEPOSITOR AUTHORISATION

Approved by: Chief Executive/Depositor  
(or officer acting under delegated authority)

Name of Controlling Public Office or Depositor

Name:

Position:

Date:

Signature:

### 2. COVERAGE

Description of Records

Format:

Location: Select one or more options by marking the appropriate boxes

Records held by controlling public office

Records held by Archives New Zealand

Records held by an Approved Repository (Please Specify)

### 3. ACCESS STATUS

Select ONE option by marking the appropriate box

If option b or c is selected, access conditions must be specified in section 7.

A

All records covered by this Access Authority are open access records and are available for public inspection  
OR

B

All records covered by this Access Authority are open access records, except for records identified on the list  
as being restricted access records. See sections 4 & 7 for details

List Reference:

The electronic file reference or title under which you  
are submitting the list of restricted items to Archives  
New Zealand. Generally this will be the transfer list

C

OR  
All records covered by this Access Authority are restricted access records. See sections 4 & 7 for details

Complete details below if this agreement is intended to replace or vary an existing agreement

This Access Authority **supersedes/varies** the Authority dated:  
Access Authority No:

## ACCESS AUTHORITY (PART TWO)

(for access conditions set under Sections 42, 43 & 44 of the Public Records Act 2005)

**For restricted access records, sections 4 & 7 must also be completed.**

### 4. ACCESS TO RESTRICTED RECORDS

Unless otherwise agreed, requests for access during the restricted period will be decided by the agency or depositor.

Researchers are to address access requests to:

*(Government agencies should identify a position title not an individual)*

Designation <i>(Or as subsequently nominated by the agency or its successors):</i>	Postal Address <i>(If different to address):</i>
Address:	Email:
	Phone:
	Fax:

### ARCHIVES NEW ZEALAND USE ONLY - EITHER 5A OR 5B SHOULD BE COMPLETED

#### 5A. CONSULTATION *(for access conditions on public records under section 44)*

The Chief Archivist has been consulted about these access conditions.

File Ref:	Signature:	Date:
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*Chief Archivist (or officer acting under delegated authority)*

#### 5B. ARCHIVES NEW ZEALAND AGREEMENT *(for deposits under section 42)*

Approved by:	Signature:	Date:
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*Chief Archivist (or officer acting under delegated authority)*

### 6. ARCHIVES REFERENCES

Access Authority Number

This Access Authority applies to the following record series or accessions:


This Authority was **superseded/varied\*** by Access Authority No: *(\*Delete whichever does not apply)*

Archives file reference:


