

## Access Authority Form

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

Name of controlling public office or depositor

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

Name:

Position:

Date:

Signature:

### 2. COVERAGE

Description of information and records

Format:

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

Information and records held by controlling public office

Information and records held by Archives New Zealand

Information and 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.

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

OR

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

List Reference:

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.

OR

All Information and records covered by this Access Authority are restricted access. 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 Form

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

## 4. ACCESS TO RESTRICTED INFORMATION AND 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 (Or as subsequently nominated by the agency or its successors):

Postal Address (If different to address):

Address:

Email:

Phone:

## ARCHIVES NEW ZEALAND USE ONLY - Either 5a or 5b should be completed

5a. Consultation (for access conditions under section 44) - The Chief Archivist has been consulted about these access conditions

File Ref:

Signature:

Date:

*Chief Archivist (or officer acting under delegated authority)*

5b. Archives New Zealand Agreement (for deposits under section 42)

Approved By:

Signature:

Date:

*Chief Archivist (or officer acting under delegated authority)*

## 6. ARCHIVES REFERENCES

Access Authority Number

This Authority was *superseded/varied\** by Access Authority No: (\*Delete whichever does not apply)

This Access Authority applies to the following series or accessions:

Archives file reference:

## Access Authority Form

For restricted access records, section 7 must also be completed

### 7. ACCESS CONDITIONS

The following conditions on access are made under the Public Records Act 2005.

The following must be specified:

- Grounds or criteria on which the restriction is based, e.g. personal privacy, national security.  
These grounds will be entered in the Public Access Register.
- Duration of restriction e.g. 10 years
- Point from which restriction applies, e.g. date of file closure.
- Coverage - It should be clear which records are covered by which restriction e.g. personnel files restricted 70 years from date of transfer, minute books are restricted until 2020

Archives New Zealand Offices:

Auckland  
Tel: +64 9 270 1100  
[auckland.archives@dia.govt.nz](mailto:auckland.archives@dia.govt.nz)

Wellington  
Tel: +64 4 499 5595  
[rkadvice@dia.govt.nz](mailto:rkadvice@dia.govt.nz)

Christchurch  
Tel: +64 3 377 0760  
[christchurch.archives@dia.govt.nz](mailto:christchurch.archives@dia.govt.nz)

Dunedin  
Tel: +64 3 477 0404  
[dunedin.archives@dia.govt.nz](mailto:dunedin.archives@dia.govt.nz)

*If more space is required please attach an additional sheet*

Access Authority No: