



NOMINATED VOAN AUTHORISED OFFICERS

ORGANISATION: _____ **VOAN NO.** _____

Please provide a list of nominated Authorised Officers to request person history checks on behalf of your organisation.

If the signatory on a request for person history record does not correspond with the list maintained at the Records Release Unit, the police checks will not be processed.

ADD / REMOVE	DATE	_____
NAME (please print clearly)		_____
POSITION HELD / TITLE		_____
SIGNATURE (if adding name)		_____

ADD / REMOVE	DATE	_____
NAME (please print clearly)		_____
POSITION HELD / TITLE		_____
SIGNATURE (if adding name)		_____

ADD / REMOVE	DATE	_____
NAME (please print clearly)		_____
POSITION HELD / TITLE		_____
SIGNATURE (if adding name)		_____

ADD / REMOVE	DATE	_____
NAME (please print clearly)		_____
POSITION HELD / TITLE		_____
SIGNATURE (if adding name)		_____

Please mail this completed document to:

**Audit Coordinator
Records Release Unit
SAPOL
GPO Box 1539
ADELAIDE SA 5001**

