



NOMINATED VOAN AUTHORISED OFFICERS

ORGANISATION: _____ **VOAN #** _____

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.

NAME (please print clearly)	_____
SIGNATURE	_____
POSITION HELD/TITLE	_____
DATE	_____

NAME (please print clearly)	_____
SIGNATURE	_____
POSITION HELD/TITLE	_____
DATE	_____

NAME (please print clearly)	_____
SIGNATURE	_____
POSITION HELD/TITLE	_____
DATE	_____

Please mail this completed document to:

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