



DEPARTMENT OF GENDER AFFAIRS

Re: AUTHORIZATION TO RELEASE **CRIMINAL** INFORMATION

FOR THE PURPOSE OF THE GIRLS MENTORSHIP PROGRAMME

I, do hereby authorize the Department of Gender Affairs to contact the **Criminal Records Office** of the Royal St. Christopher & Nevis Police Force, Lozack Road, Basseterre so that information could be acquired as to my **Criminal Record**.

An application has been made to the Department of Gender Affairs so that I can become a mentor within the Girls Mentorship Programme and this document is necessary before I can be approved.

Signed:

Date:

Witness:

Date:.....