

Form

Cancellation of third party authority

About this form	
When to use this form	<p>Where you have previously provided another person or organisation with Third Party Authority (TPA) to update your personal details or make enquiries on your behalf when communicating with the Office of the Student Identifiers Registrar (OSIR) concerning your Unique Student Identifier (USI) account and you wish to cancel that Authority.</p> <p>This form does not apply to parents or legal guardians of a child under 15 years of age. Parents and legal guardians of children under 15 have an automatic right to contact the OSIR on behalf of that individual, subject to passing proof of identity requirements.</p>
Returning this form	<p>Returning this form Check that all required questions are answered, and the form is signed and dated by the USI account holder.</p> <p>By email: forms@usi.gov.au By post: Office of the Student Identifiers Registrar, PO Box 9880, Adelaide SA 5001</p> <p>We require pages 2 & 3 to be completed and returned to action the request. We require page 4 to be complete if the USI account holder is unable to sign this form due to incapacity.</p> <p>If you are unsure of the third party authority (TPA) details, you have an option to cancel any and/or all TPAs on your USI account.</p>
Privacy Notice	<p>Your personal information is protected by law including under the <i>Privacy Act 1988 (Cth)</i> and the Australian Privacy Principles.</p> <p>By requesting to cancel an authority that you have previously provided to another person or organisation, the authority will cease upon the latter of the date provided at question 9 or 10; or the date the OSIR processes this form. The date the OSIR processes this form may be a later date than the date that you submit this form.</p> <p>The cancellation of this authority cannot be retrospective (referring to personal information that may have been used by the OSIR or disclosed to other parties with your previous consent or where otherwise permitted by the <i>Privacy Act 1988</i>).</p> <p>The OSIR's privacy policy provides details of how you may seek to access and correct your personal information and lodge a complaint about a breach of your privacy.</p> <p>A copy of our privacy policy can be accessed on our website at: usi.gov.au/documents/privacy-policy</p>



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USI Account Holder Details

IMPORTANT: For this form to be accepted for processing, all questions marked with an asterisk (*) are mandatory.

1. Your Unique Student Identifier (USI number) if known:

[Text input field for USI number]

(leave blank if you do not know your USI number)

2. Your Name*

First Name: *	
Middle Name(s):	
Last Name: *	
OR I am known by one name only:	

3. Have you ever been known by any other names?

(Other names: name at birth / name before marriage / previous married name / Aboriginal or skin name / alias / adoptive or foster name)

4. Your date of birth * (DD/MM/YYYY)

[Date input field: / /]

5. Your gender *

Male Female Other/prefer not to say

6. Your country and town/city of birth * (we require both to confirm a USI account)

Country:		City or Town:	
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7. Providing contact details*

(please provide contact details to assist us in locating your USI account)

Mobile Number:	Email address:
Home Phone Number:	Address:

Note: If we are unable to establish a direct match of your personal details, we will contact you by phone or email to confirm your information.

8. Requesting to cancel third party authority type *

I, the account holder, request to cancel third party authority for:

- An individual or organisation – go to question 9.
- All third party authorities listed on my USI account – go to question 10.



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USI Account Holder Declaration

IMPORTANT: For this form to be accepted for processing, all questions marked with an asterisk (*) are mandatory.

9. Cancelling third party authority for an individual or organisation

What is your relationship to the person or organisation who has authority?

- | | |
|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Training Provider |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other |

(please provide as many details of the third party authority as possible)

Representative's Full Name:	
Organisation Name:	
Email address:	
Contact number:	

I do not remember the details of the TPA listed on my USI account (we may contact you if we are unable to match a TPA on your USI)

I, the account holder, am requesting to cancel the authority from:

<input type="checkbox"/> ASAP	(date cancellation actioned by the OSIR)	<input type="checkbox"/> Cancel from:	DD/MM/YYYY
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10. Cancelling any and all third party authorities

I, the account holder, am requesting to cancel any and all third party authorities listed on my USI account from:

<input type="checkbox"/> ASAP	(date cancellation actioned by OSIR)	<input type="checkbox"/> Cancel from:	DD/MM/YYYY
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11. USI account holder declaration *

IMPORTANT: if the USI account holder is unable to sign this form due to incapacity to provide authority, a third party may sign the declaration on their behalf, go to page 4.

I declare that the information provided in this form is complete and correct. I **cancel** the previous authority for the person/organisation named or indicated on this form to communicate with the OSIR in relation to my USI account.

I understand:

- the OSIR's Privacy Notice (page one)
- I can provide the OSIR a new third party authority form at any time
- giving false or misleading information is a serious offence.

USI account holder's signature:			
USI account holder Name:		Date signed:	(DD/MM/YYYY)



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Declaration by authorised third party due to incapacity

IMPORTANT: If the USI account holder is unable to sign this form due to incapacity to provide authority, a third party may sign the declaration on their behalf. The OSIR require certified copies of documents, and these must be submitted with the TPA cancellation form.

1. Representative Type and Details *

(Please select and complete the following option relevant to the representative or the representative’s organisation)

- A current Enduring Power of Attorney
Appointed under a current guardianship order or arrangement (this does not include incarceration)

Form fields for Representative Full Name, Organisation Name, Organisation ABN, Email address, Contact number, and Postal/street address.

2. Enduring Power of Attorney or Guardian declaration *

(Please tick all boxes to indicate you have read and agree to the terms, and sign the document below)

I declare about myself that:

the information provided by me on this form about my identity is true and correct.

I declare about the USI account holder that:

- I know the individual named on this form personally and they do not have capacity to sign the form themselves
I act as the nominated representative for the individual named on this form.

I understand:

- the OSIR’s Privacy Policy (page one)
giving false or misleading information in relation to a USI account is a serious offence under Division 137 of the Criminal Code Act 1995
any information I may obtain under this arrangement may be protected under Commonwealth legislation. I agree to use or disclose this information only as authorised by the USI account holder (their parent, guardian or currently holder of Enduring Power of Attorney).

Signature and Date fields: Representative signature, Representative Name, Date signed, and date format (DD/MM/YYYY).