# About this form

## When to use this form

Use this form to cancel authority previously given to another person or organisation to be your representative to communicate with the USI team on your behalf.

This form does not apply to parents or legal guardians of a child under 15 years of age. As they have an automatic right to contact the USI team on behalf of the under 15-year-old child, subject to passing proof of identity requirements.

## USI Privacy Notice

Your personal information is protected by law including under the [*Privacy Act 1988*](https://www.legislation.gov.au/C2004A03712/latest/text) and the [Australian Privacy Principles](https://www.oaic.gov.au/privacy/australian-privacy-principles).

By requesting to cancel an authority that you have previously provided to another person or organisation, the authority will cease from the nominated date or at the time we process this form (which may be up to 10 days after the form is submitted).

The cancellation of this authority cannot be retrospective.

Our 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.

Refer to our website to view our [Privacy Policy](https://www.usi.gov.au/about-us/privacy/privacy-policy).

## USI account holder declaration

You must complete the ‘USI account holder details and declaration’ section of this form.

If you are unsure of the authorised representative details, you have an option to cancel all authorised representatives on your USI account (refer to question 8 of USI account holder details and declaration’ section)

## Authorised representative (due to incapacity) declaration

If the USI account holder cannot sign this form due to incapacity, the authorised representative must complete the **Power of Attorney declaration** section**.**

Certified copies of documents demonstrating the representative’s authority powers - these **must** be submitted with this form.

## Completing and returning this form

Please allow 10 business days for processing

**Please use block letters in black or blue pen and check the following is completed:**

* mandatory questions are answered
* the USI account holder has signed the form
* the form has been signed within 30 days of submission.

### Returning this form

**Email:** [forms@usi.gov.au](mailto:forms@usi.gov.au)

**Post:**

Student Identifiers Registrar

PO Box 9828

Adelaide SA 5001

## USI account holder details and declaration

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

|  |  |
| --- | --- |
| 1. Your Unique Student Identifier (USI number) if known | Click or tap here to enter text. |
| 1. Your name **\*** | List your full name in the fields below |
| * 1. First/given name **\*** | Click or tap here to enter text. |
| * 1. Middle name(s) | Click or tap here to enter text. |
| * 1. Family/last name **\*** | Click or tap here to enter text. |
| * 1. **OR** known by one name only | Click or tap here to enter text. |
| 1. Have you been known by any other names?   (e.g., name at birth, name before marriage, previous married name, Aboriginal or skin name, adoptive orfoster name) | Click or tap here to enter text. |
| 1. Your date of birth **\***   (DD/MM/YYYY) | Click or tap here to enter DD/MM/YYYY . |
| 1. Your gender **\*** | **Male**  **Female**  **X** (indeterminate/intersex/unspecified) |
| 1. Your country and town/city of birth **\***   (We require both to confirm a USI account) | Click or tap here to enter country of birth  Click or tap here to enter Town/city of birth |
| 1. Contact details | We require at least 2 contact details recorded in a USI account to assist us in locating your USI.  If we cannot establish a direct match of your personal/contact details, we will contact you by phone or email to confirm. |
| * 1. Mobile number | Click or tap here to enter mobile number |
| * 1. Email address | Click or tap here to enter email address |
| * 1. Home phone number | Click or tap here to enter home phone number |
| * 1. Address | Click or tap here to enter address |
| 1. Request to cancel authorised representative type **\***   Please specify which authorised representative you want cancelled *(select one)*: | **I, the USI account holder, request to cancel authorised representation for:**  An individual or organisation - go to question 9.  All authorised representatives listed on my USI account – go to question 10. |
| 1. Authorised representative details **\*** | **IMPORTANT:** Please provide as much detail as possible about the authorised representative. |
| * 1. Select, if you do not recall any of the representative’s details (we may contact you if we require further information). | I do not remember the details of the representative. |
| * 1. Representative full name **\*** | Click or tap here to enter representative full name. |
| * 1. Email address | Click or tap here to enter email address. |
| * 1. Contact number | Click or tap here to enter contact number. |
| * 1. Date of birth   (individual representative only) | Click or tap here to enter DD/MM/YYYY . |
| * 1. Organisation name   (Organisation representative only) | Click or tap here to enter organisation name. |
| * 1. Organisation ABN   (Organisation representative only) | Click or tap here to enter organisation ABN. |
| * 1. Address   (Organisation representative only) | Click or tap here to enter address. |
| 1. Effective date of cancellation \*   Please specify the date you want the authorised representative cancelled *(select one)*: | ASAP (Note this request may take up to 10 business days  Cancel from: Click or tap to enter a date. |
| 1. Declaration   IMPORTANT: If the USI account holder is unable to sign this form due to incapacity to provide authority, an authorised representative may sign the declaration on their behalf, go to **Declaration: Power of Attorney** section | **I declare:**   * The information provided by me on this form is true and correct. * I cancel the previous authority for the person/organisation named or indicated on this form to communicate with the USI team in relation to my USI account. * I have read and understood the USI Privacy Notice (page 1). * I understand giving false or misleading information is a serious offence. |
| 1. USI account holder full name **\*** | Enter full name |
| 1. USI account holder signature **\*** | **Placeholder to insert signature** |
| 1. Date signed **\***   (DD/MM/YYYY) | DD/MM/YYYY |

## Power of Attorney declaration

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

If the USI account holder is unable to sign the USI account holder cancellation of authorised representative form due to incapacity to provide authority, an authorised representative may sign the declaration on their behalf.

We require **certified copies of documents** demonstrating the authority powers which **must** be submitted with this form.

|  |  |
| --- | --- |
| 1. Authorised representative type **\*** | A current Enduring Power of Attorney  Appointed under a current guardianship order or arrangement |
| 1. Authorised representative details **\*** | If the authorised representative is an organisation, the organisation name, address, and ABN must be provided |
| * 1. Representative full name **\*** | Enter full name |
| * 1. Email address **\*** | Representative email address |
| * 1. Contact number **\*** | Click or tap here to enter contact number. |
| * 1. Date of birth   (Individual representative only) | Click or tap here to enter DD/MM/YYYY . |
| * 1. Organisation Name   (Organisation representative only) | Enter Organisation Name |
| * 1. Organisation ABN   (Organisation representative only) | Enter Organisation ABN |
| * 1. Address   (Organisation representative only) | Click or tap here to enter address. |
| 1. Enduring Power of Attorney or Guardian declaration **\***   The authorised representative must write their name, sign, and date this section of the form. | **I declare:**   * The information provided by me on this form is true and correct. * I know the individual named on this form personally and they do not have capacity to sign the form themselves. * I act as the authorised representative for the individual named on this form. * I have read and understood USI privacy notice (page 1). * I understand giving false or misleading information in relation to a USI account is a serious offence. * 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). |
| * 1. Authorised Representative full name **\*** | Enter full name |
| * 1. Authorised Representative signature **\*** | **Placeholder to insert signature** |
| * 1. Date signed **\***   (DD/MM/YYYY) | DD/MM/YYYY |