

Cancellation of authorised representative form

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](#) and the [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](#).

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.

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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

Post:

Student Identifiers Registrar
PO Box 9828
Adelaide SA 5001

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USI account holder details and declaration

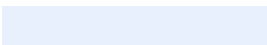
IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory.

1. Your Unique Student Identifier (USI number) if known	
2. Your name *	List your full name in the fields below
a. First/given name *	
b. Middle name(s)	
c. Family/last name *	
d. OR known by one name only	
3. Have you been known by any other names? (e.g., name at birth, name before marriage, previous married name, Aboriginal or skin name, adoptive or foster name)	
4. Your date of birth * (DD/MM/YYYY)	
5. Your gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified)
6. Your country and town/city of birth * (We require both to confirm a USI account)	

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7. 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.
a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	
8. Request to cancel authorised representative type *	<p>I, the USI account holder, request to cancel authorised representation for:</p> <p><input type="checkbox"/> An individual or organisation - go to question 9.</p> <p><input type="checkbox"/> All authorised representatives listed on my USI account – go to question 10.</p>
9. Authorised representative details *	IMPORTANT: Please provide as much detail as possible about the authorised representative.
a. Select, if you do not recall any of the representative's details (we may contact you if we require further information).	<input type="checkbox"/> I do not remember the details of the representative.
b. Representative full name *	
c. Email address	
d. Contact number	

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e. Date of birth (individual representative only)	
f. Organisation name (Organisation representative only)	
g. Organisation ABN (Organisation representative only)	
h. Address (Organisation representative only)	
10. Effective date of cancellation * Please specify the date you want the authorised representative cancelled (select one):	<input type="checkbox"/> ASAP (Note this request may take up to 10 business days) <input type="checkbox"/> Cancel from:
11. 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: <ul style="list-style-type: none"> 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.
12. USI account holder full name *	
13. USI account holder signature *	
14. Date signed * (DD/MM/YYYY)	

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Power of Attorney declaration

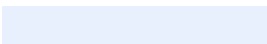
IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory.

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 *	<input type="checkbox"/> A current Enduring Power of Attorney <input type="checkbox"/> Appointed under a current guardianship order or arrangement
2. Authorised representative details *	If the authorised representative is an organisation, the organisation name, address, and ABN must be provided
a. Representative full name *	
b. Email address *	
c. Contact number *	
d. Date of birth (Individual representative only)	
e. Organisation Name (Organisation representative only)	
f. Organisation ABN (Organisation representative only)	
g. Address (Organisation representative only)	

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<p>3. Enduring Power of Attorney or Guardian declaration *</p> <p>The authorised representative must write their name, sign, and date this section of the form.</p>	<p>I declare:</p> <ul style="list-style-type: none"> • 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).
<p>a. Authorised Representative full name *</p>	
<p>b. Authorised Representative signature *</p>	
<p>c. Date signed * (DD/MM/YYYY)</p>	