

Authorised representative form

When to use this form

To authorise an individual or organisation to be your representative to communicate on your behalf with the USI team.

A separate form for each individual/organisation must be submitted.

Parents/guardians of children under 15 years old do not need to complete this form. They have an automatic right to contact the USI team on behalf of the child who is under 15 years old, subject to passing [proof of identity requirements](#).

If the USI account holder cannot sign this form due to incapacity, the authorised representative must complete the 'Declaration: Power of Attorney' section. Certified copies of documents demonstrating the representative's authority powers must be submitted with this form.

What can an authorised representative do?

An authorised representative can:

- request your Unique Student Identifier (USI) number
- make enquiries about your USI account
- update your personal or contact details in your USI account
- get a copy of your USI VET transcript.

To modify or cancel your authorised representative

You can specify a time limit that you would like to apply to your authorised representative or you can modify or cancel your authority at any time.

To modify an existing authority, complete a new version of this 'Authorised representative form'.

To cancel an existing authority, you can call us or complete a 'Cancellation of authorised representative form'.

Forms can be [downloaded from our website](#).

Submitting this form

Submit this form **within 30 days** of the USI account holder signing this form. Allow **10 business days** for processing.

Submit your completed form to forms@usi.gov.au or post to:

Student Identifiers Registrar
PO Box 9828
Adelaide SA 5001

USI account holder details and declaration

Filling in this form:

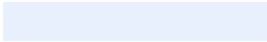
- all questions marked with an asterisk (*) are mandatory
- if you have a printed form, print in BLOCK LETTERS using a blue or black pen
- both the USI account holder and the authorised representative have signed the form.

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 *	Country:Town/city of birth:
7. Contact details	<p>We require at least 2 contact details recorded in a USI account to assist us in locating your USI.</p> <p>If we cannot establish a direct match of your personal/contact details, we will contact you by phone or email to confirm.</p>



a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	
8. Permission type *	<p>I, the USI account holder, authorise the person/organisation listed on this form to represent me and be able to (select all that apply):</p> <p><input type="checkbox"/> Make enquiries on my behalf.</p> <p><input type="checkbox"/> Update personal and contact details on USI account on my behalf.</p> <p><input type="checkbox"/> Obtain a copy of my USI authenticated VET transcript.</p>
9. Permission period* Specify the period you authorise the person/organisation to act as your representative (select one).	<p><input type="checkbox"/> A set period from: to:</p> <p><input type="checkbox"/> Ongoing from:</p>
10. USI Privacy Notice	<p>The privacy and security of your personal information is protected by law.</p> <p>We collect this information to facilitate an authorised third party to communicate with us on your behalf when managing your USI account. Without the requested personal information, your nominated representative will be unable to act on your behalf.</p> <p>We only share your information with other parties where you have agreed, or where the law allows or requires it.</p> <p>For more information, go to www.usi.gov.au/about-us/privacy</p>



<p>11. Declaration</p> <p>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.</p>	<p>I declare:</p> <ul style="list-style-type: none"> • The information provided by me on this form is true and correct. • I have given authority for the authorised representative listed to act on my behalf for the nominated period. • I have read and understood the USI Privacy Notice (Question 10). • I understand giving false or misleading information is a serious offence.
<p>12. USI account holder full name *</p>	
<p>13. USI account holder signature *</p>	
<p>14. Date signed * (DD/MM/YYYY)</p>	

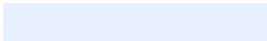
Authorised representative details and declaration

Filling in this form:

- all questions marked with an asterisk (*) are mandatory
- if you have a printed form, print in BLOCK LETTERS using a blue or black pen.

1. Authorised representative type *	<input type="checkbox"/> Individual authorised representative <input type="checkbox"/> Organisation authorised representative
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)	



<p>3. Authorised representative declaration *</p> <p>The authorised representative must write their name, sign, and date this section of the form.</p>	<p>I declare about myself that:</p> <ul style="list-style-type: none"> the information provided by me on this form about my identity is true and correct. <p>I declare about the USI account holder that:</p> <ul style="list-style-type: none"> I know the individual named on this form personally I will act as the authorised representative for the individual named on this form for the nominated period. <p>I understand:</p> <ul style="list-style-type: none"> the USI Privacy Notice (USI account holder details and declaration Question 10) giving false or misleading information in relation to a USI account is a serious offence under Division 137 of the <i>Criminal Code Act 1995</i> 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 current holder of Enduring Power of Attorney) the USI account holder can revoke this authority at any time (unless it is made under guardianship order or arrangement) upon contacting the USI team, I will be required to confirm my identity prior to being able to make enquiries or update the USI account holder’s personal details I will ensure that any record of the USI account holder’s USI is always kept safe and will not be shared with anyone else unless authorised to do so the authority the USI account holder has provided may be revoked or suspended by the Student Identifiers Registrar if I misuse the authority.
<p>a. Authorised Representative full name *</p>	
<p>b. Authorised Representative signature *</p>	
<p>c. Date signed * (DD/MM/YYYY)</p>	

Power of Attorney declaration

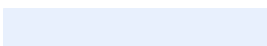
If the USI account holder is unable to sign this form due to incapacity, an authorised representative may complete the 'Power of Attorney declaration' section to sign on their behalf.

Filling in this form:

- all questions marked with an asterisk (*) are mandatory
- if you have a printed form, print in BLOCK LETTERS using a blue or black pen
- submit the completed form with **certified copies of documents** demonstrating the authority powers.

1. Authorised representative type *	<input type="checkbox"/> A current Enduring Power or 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)	



<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 about myself that:</p> <ul style="list-style-type: none"> the information provided by me on this form about my identity is true and correct. <p>I declare about the USI account holder that:</p> <ul style="list-style-type: none"> I know the individual named on this form personally and they do not have capacity to sign the form themselves I will act as the authorised representative for the individual named on this form for the nominated period (if applicable). <p>I understand:</p> <ul style="list-style-type: none"> the USI Privacy Notice (USI account holder details and declaration Question 10) giving false or misleading information in relation to a USI account is a serious offence under Division 137 of the <i>Criminal Code Act 1995</i> 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 current holder of Enduring Power of Attorney) the USI account holder can revoke this authority at any time (unless it is made under guardianship order or arrangement) upon contacting the USI team, I will be required to confirm my identity prior to being able to make enquiries or update the USI account holder’s personal details I will ensure that any record of the USI account holder’s USI is always kept safe and will not be shared with anyone else unless authorised to do so the authority the USI account holder has provided may be revoked or suspended by the Student Identifiers Registrar if I misuse the authority.
<p>a. Authorised Representative full name *</p>	
<p>b. Authorised Representative signature *</p>	
<p>c. Date signed * (DD/MM/YYYY)</p>	