

Cancellation of authorised representative 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](#).

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.

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.

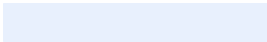
If you are unsure of the authorised representative details, you have an option to cancel all authorised representatives on your USI account (refer to question 8).

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:



<p>7. Contact details</p>	<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>
<p>a. Mobile number</p>	
<p>b. Email address</p>	
<p>c. Home phone number</p>	
<p>d. Address</p>	
<p>8. Request to cancel authorised representative type *</p> <p>Specify which authorised representative you want cancelled (select one):</p>	<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>
<p>9. Authorised representative details *</p>	<p>Use the fields below to provide as much detail as possible about the authorised representative.</p>
<p>a. Select, if you do not recall any of the representative’s details.</p> <p>We may contact you if we require further information.</p>	<p><input type="checkbox"/> I do not remember the details of the representative.</p>
<p>b. Representative full name *</p>	
<p>c. Date of birth (Individual representative only)</p>	
<p>d. Organisation name (Organisation representative only)</p>	
<p>e. Organisation ABN (Organisation representative only)</p>	



<p>f. Address (Organisation representative only)</p>	
<p>10. Effective date of cancellation *</p> <p>Select one option, to specify the date you want the authorised representative cancelled.</p>	<p><input type="checkbox"/> ASAP (Note this request may take up to 10 business days)</p> <p><input type="checkbox"/> Cancel from:</p>
<p>11. USI Privacy Notice</p>	<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>12. 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 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 (question 11). • I understand giving false or misleading information is a serious offence.
<p>13. USI account holder full name *</p>	
<p>14. USI account holder signature *</p>	
<p>15. Date signed *</p> <p>(DD/MM/YYYY)</p>	

Power of Attorney declaration

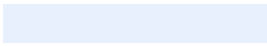
If the USI account holder is unable to sign this form due to incapacity, an authorised representative may complete the 'Power of Attorney declaration' section to sign on their behalf.

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 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. Date of birth (Individual representative only)	
c. Organisation Name (Organisation representative only)	
d. Organisation ABN (Organisation representative only)	
e. Address (Organisation representative only)	



<p>3. Enduring Power of Attorney or Guardian declaration *</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 (USI account holder details and declaration Question 11). • 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>	