

REVOCATION OF STUDENT AUTHORITY TO ACT FORM

Full Name Student Number Address
Address
TYPE OF AUTHORITY TO ACT IN PLACE
☐ Automatic Authority to Act ☐ Nominated Authority to Act
N.B. Where an Automatic Authority to Act is in place, students may be required to provide additional supporting documentation in accordance with the Authority to Act Schedule before this request can be processed by the University. Students who submit their request via email may be requested to provide proof of identity.
I,, wish to revoke the Authority to Act of(Authorised Representative)
in relation to: (Authorised Representative)
All matters relating to my business with the University Access to and changing of personal records Access to academic records Access to enrolment information Financial transactions Lodging of Appeals Making a Complaint Requesting a Review of Decision Receiving and responding to communications from the University Other business matters not specified Signature of Student Date
All Forms are be returned via email to usq.support@usq.edu.au or by mail to:

Associate Director (Student Support and Retention) Division of Students and Communities University of Southern Queensland Toowoomba QLD 4350

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