# USI Authorisation

| Name | |
|---|---|
| DOB | | Student number | |
| Phone | |
| Email | |

## Identity details

Please provide the following details.

| Birth town | |
|---|---|
| You must choose ONE of the following four documents. | |
| Identity document | ❑ Australian Driver's License ❑ Medicare card<br>❑ Australian passport ❑ Non-Australian Passport with visa |
| Enter the following details EXACTLY as they appear in this document. | |
| First name | |
| Surname | |
| Document number | |
| Document expiry | |
| Specific details | Driver's License state | Medicare card ref:<br><br>Medicare card colour | Passport country |

| | |
|---|---|
| I authorise Cambridge College Australia to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. | |
| I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf. | |
| I declare that the information submitted in this form is true and correct | |
| Signature | | Date | |

## CCA - OFFICE USE ONLY

| | Name | Date |
|---|---|---|
| Received by | | |
| USI created by | | |
| Student notified by | | |
| Comments | | |