Please complete all College or Division information fields, and all account fields. If this form is not complete, account processing will be delayed.

**College or Division Information**

College/Division: _____________________________________________________________

School/Department: ___________________________________________________________

**Cost Centre Detail (1)**

__________ - __________ - 8052 - _____ - _____ - _____

Centre         Project    Account      Campus         Entity  Type

**Account Access Authorising Officer**

Name: _____________________________  Position: ____________________________

Signature: _____________________________________________ Ext.: ________

Email: ________________________________________

**Student Details**

Surname: ________________________________________

First Name: __________________________________________

ID Number: ________________

Telephone: (___) _____________________

Email: ________________________________________

Account limit for this period: $ _____ . ___

Last Access Date: _____ / _____ / _____ (2)

Notes:

(1) The Cost Centre is the account against which funds will be charged for use of Library and ITD copying and printing. The Authorising Officer MUST approve access to this account.

(2) All account holders must provide a date upon which access to funds will cease. This date needs to be confirmed by the Authorising Person.

Once completed, please fax to (02) 9852 5065 or ext 5065