

REVIEW OF DECISION APPLICATION FORM

COMPLETE THIS FORM IF YOU DISAGREE WITH A DECISION MADE BY STUDYLINK ABOUT YOUR STUDENT FINANCE.

When you have completed this form send it to us at:

StudyLink Student Support Centre, FreePost 113907, Private Bag 11070, Palmerston North 4442.

If the decision is to do with your Student Loan or Scholarship don't complete this form – call us on **0800 88 99 00**.

USE BLUE OR BLACK INK ONLY

When completing your application you must only use blue or black ink. If your application has been completed in any other colour we might get you to complete another one.

SIGN AND DATE THE FORM

Remember to sign and date this form.

HAVE YOU TALKED THINGS OVER WITH US FIRST?

We may be able to sort things out over the phone – call us on **0800 88 99 00**.

1. What is your legal name?

This is your legal name as appears on your Passport or Birth Certificate.

First name	Middle name(s)	Surname or family name

2. What is your date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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3. What is your client number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is a number issued to you by StudyLink or Work and Income. This is on your Community Services Card if you have one. If you don't have a client number or don't know it, leave this question blank.

4. What address do you want your mail sent to?

Please note, this must be a New Zealand address.

Postal address		
Suburb	City	Country
		NEW ZEALAND

5. How can we contact you?

Phone	Mobile ¹	Fax	Email ¹

6. When did we let you know about our decision?

You need to apply for a review within three months of receiving our decision. If you don't, your application may not be accepted.

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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7. Please tell us what the decision applies to:

<input type="checkbox"/> Student Allowance	<input type="checkbox"/> Unemployment Benefit Student Hardship
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Other (please give details)

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¹ If you give us your mobile number or email address we may use these to send you text messages or emails. These messages will not contain personal information. We may use them to let you know about important changes or that it's time to reapply if you're continuing with your studies.

