



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, Private Bag 11070, Palmerston North 4442.

If the decision is to do with your Student Loan 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 is completed in any other colour we might get you to complete another one.

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 it appears on your Passport or Birth Certificate.

First name	Middle name(s)	Surname or family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. What is your date of birth?

Day
 Month
 Year

3. What is your client number?

If you have received assistance from StudyLink or Work and Income before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number
 | |

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

We need a New Zealand address, even if you live overseas.

Flat/House number	Street address		
<input type="text"/>	<input type="text"/>		
Suburb	City	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	NEW ZEALAND

5. How can we contact you?

Phone	Mobile ¹	Fax	Email ¹
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, appointment reminders or that it's time to reapply if you're continuing with your studies. This must be your own mobile number or email address. Do not give the contact details of your education provider.

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.

Day Month Year

7. Please tell us what the decision applies to:

Student Allowance Jobseeker Support Student Hardship

Other (please give details)

8. Please tell us what you disagree with:

Being declined Start date Amount of overpayment

Other e.g. rate of payment (please give details)

9. Please tell us why you disagree with the decision: Give us a full and detailed explanation.

Students' declaration

The information I have provided is true and I have not left anything out. I understand that if I make a false statement or don't tell StudyLink of a change in my circumstances that I could lose my Student Allowance. If this happens I understand that I will have to pay back any overpayments plus collection costs, and could be prosecuted.



Student's signature

Day Month Year