**To update HESA Record Contact**

If the current Record Contact is not available to delegate a replacement, this will need to be authorised by the Accountable Officer/ Head of Provider

Once complete, please ensure both pages of this document are returned to [liaison@hesa.ac.uk](mailto:liaison@hesa.ac.uk) by the current Record Contact or the Accountable Officer/ Head of Provider

In the absence of the current Record Contact, the Accountable Officer/ Head of Provider is required to sign below.

|  |
| --- |
| **Print** |
| **Sign** |

HESA will then invite the record contact to the role in the HESA Identity System. Please note, if the role is not accepted within 14 days the invitation will time out. Failure to accept roles on the HESA Identity System will result in the user/organisation not being able to access HESA data collection systems and not receiving important notifications from HESA. Visit the user guide for more information <https://www.hesa.ac.uk/support/user-guides>

**By returning this document to HESA from the Accountable Officer/ Head of Provider or Record contact I authorise HESA to use the contact details provided by the above institutions and further confirm that the contacts nominated have been made aware of the use of this information.**

New Record Contact for the Return

Please input the required information for this role:

|  |  |  |
| --- | --- | --- |
| HESA Role  **Record Contact** | Information currently held | New information |
| Provider |  |  |
| \*Title |  |  |
| \*Forename |  |  |
| \*Surname |  |  |
| \*Email address |  |  |
| \*telephone |  |  |
| \*Position |  |  |
| \*Department |  |  |
| Address 1 |  |  |
| Address 2 |  |  |
| City |  |  |
| County |  |  |
| Postal code |  |  |

\*Essential information