**To nominate/update HESA Record Contacts**

Provider name:

Provider ID/UKPRN:

**Section A**

**Please read through Section A to ensure a full understanding of the role and its responsibilities.**

For each data stream, the Record Contact is the first point of communication during data collection. The Record Contact is responsible for overseeing a provider’s data submission process and ensuring that deadlines are met. For more information about the responsibilities of the role, please visit <https://www.hesa.ac.uk/support/user-guides/ids-guide/roles>.

HESA will invite the nominated individual to the Record Contact 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/ids-guide>.

If the existing contact has any Heidi Plus roles you will need to contact [customer.success@jisc.ac.uk](mailto:customer.success@jisc.ac.uk) to get these revoked.

For more information about how HESA processes your personal data, please visit: [Privacy information | HESA](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hesa.ac.uk%2Fabout%2Fwebsite%2Fprivacy&data=04%7C01%7Cmax.willerton%40hesa.ac.uk%7C7b5f2486b9eb42117cc308d957450b38%7C73146138c2924544bbf3b66a8384786e%7C0%7C0%7C637636776311696316%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=t714sAzAMSB5Y24%2FDs2nJN7Xgae3cG5hR%2F72TBMNCCk%3D&reserved=0)

**Section B**

**Please input the required information for this role.**

New Record Contact for the \_\_\_\_\_\_\_\_\_\_\_\_\_ Return(s)

|  |  |  |
| --- | --- | --- |
| HESA Role  Record Contact | Information currently held | New information |
| Title |  |  |
| Forename |  |  |
| Surname |  |  |
| Email address |  |  |
| Telephone |  |  |
| Position |  |  |
| Department |  |  |

**Section C**

**The signature is to be completed by the Accountable Officer/ Head of Provider in the absence of the current Record Contact.**

By returning this document to HESA from the Accountable Officer/ Head of Provider/ 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.

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

Name:

Position:

Signature:

Date: