

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca

Letter of Authorization Form

STUDENT ID NUMBER (if applicable)

--	--	--	--	--	--	--	--

FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER
REFERENCE NUMBER

By completing this form, you are authorizing another individual to conduct business with Athabasca University on your behalf.

General Information (please print)

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () ()
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____
(AREA CODE) FAX E-MAIL

Certify

This is to certify that _____
Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () ()
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____
(AREA CODE) FAX E-MAIL

The personal information collected on this form will be used to process your request for someone else to conduct business with Athabasca University on your behalf. This information is collected under the authority of section 33 (c) of *Alberta's Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Academic Records and Examinations, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

has my permission to conduct business with Athabasca University on my behalf.

- All services
- Please limit to the services described below (for example; pick up transcripts, pick up learning resources, etc.)

Student's Signature: _____

Date: _____

Authorized Person's Signature: _____

Date: _____