

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 Or scan and email to: acrec@athabascau.ca

Authorized Person's Signature:_

Letter of Authorization Form

By completing this form, you are authorizing another individual to conduct business with Athabasca University on your behalf. This waiver will remain in effect for up to one year from the date listed on this form. Students can identify a shorter time period, if desired. Notice will NOT be provided by AU when the waiver expires.

310DENT ID NOWBER (II applicable)								
FOR OFFICE USE ONLY								
SPONSORING CLIENT ID NUMBER								
REFERENCE NUMBER								

	Student Name:						
General Information	Student Name:	LAST	FIRST	MIDDLE			
(please print)	Mailing Address:						
		CITY/TOWN		PROVINCE/STATE			
		COUNTRY		POSTAL/ZIP CODE			
	Telephone:	(AREA CODE) RESIDE	NCE	(AREA CODE) BUSINESS			
	Fax/E-mail:	(AREA CODE) FAX		E-MAIL			
Certify		This is to certify	that				
,	Mailing Address:						
The personal information collected on this		CITY/TOWN		PROVINCE/STATE			
orm will be used to process your request for omeone else to conduct business with Atha- basca University on your behalf. This informa-		COUNTRY		POSTAL/ZIP CODE			
ion is collected under the authority of section (3 (c) of Alberta's Freedom of Information	Telephone:	(AREA CODE) RESIDE	NCE	(AREA CODE) BUSINESS			
and Protection of Privacy Act. If you have any questions about the collection and use of this aformation, please contact the Coordinator,	Fax/E-mail:	(AREA CODE) FAX		E-MAIL			
Academic Records and Examinations, Office of the Registrar, Athabasca University, University Drive, Athabasca, AB Canada T9S		has my permission to conduct business with Athabasca University on my behalf.					
A3. Phone: 800.788.9041.		All services					
		Please limit to the services described below (for example; pick up transcripts, pic learning resources, etc.)					
		Note: The person acting on your behalf will be asked to provide proof of identification before permission to conduct business will occur.					
		identification	beiore permissio	n to conduct business Will Occur.			
Student's Signature:	Date:						

Date: _____