



Athabasca University

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www.athabascau.ca
Or scan and email to:
acrec@athabascau.ca

Letter of Authorization Form

STUDENT ID NUMBER (if applicable)

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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. 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.

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

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.)

Note: The person acting on your behalf will be asked to provide proof of identification before permission to conduct business will occur.

Student's Signature: _____

Date: _____

Authorized Person's Signature: _____

Date: _____