



Office of the Registrar, Athabasca University
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 Other: 780.675.6111, Fax: 780.675.6174
 www.athabascau.ca

Student Change of Information Form

STUDENT ID NUMBER

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FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER
REFERENCE NUMBER

If you have experienced a change of information: e.g. a name, address, or email change; that will impact communication between Athabasca University and yourself, please complete and submit this form.

Student Name: _____

LAST FIRST MIDDLE

Previous Address: _____

Change of Address

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

New Address:

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Previous Telephone: () _____ () _____

(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Change of Telephone, Fax, and/or E-mail

Previous Fax/E-mail: () _____

(AREA CODE) FAX E-MAIL

New Telephone: () _____ () _____

(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

New Fax/Email: () _____

(AREA CODE) FAX E-MAIL

Birthdate Correction

Incorrect Birthdate: _____ **Correct Birthdate:** _____

YYYY/MM/DD YYYY/MM/DD

Former Name

LAST FIRST MIDDLE

Change of Name Declaration

I, (name as currently listed on academic record)

LAST FIRST MIDDLE

declare that I have officially changed my name from the above to:

LAST FIRST MIDDLE

and request that the name on my academic record be amended to reflect this change.

I have submitted the government-issued identification, as required.

I acknowledge that my former name shall remain a part of my official academic record and may be reported on official documentation such as transcripts and have included supporting legal documentation for the changes noted above.

I certify that the information provided above is true and complete in all respects and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Athabasca University's Student Code of Conduct and Right to Appeal Regulations: calendar.athabascau.ca/undergrad/current/student-code/index.php

The personal information collected on this form will be used for the purpose of processing your request for change of information. This information is collected under the authority of Section 33 (c) of Alberta's *Freedom of Information and protection of Privacy Act*. The collection of this personal information is necessary for operating and administrating the services of the Office of the Registrar. If you have any questions about the collection and use of this information, contact the Coordinator, Enrolment Services and Academic Records, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3. Phone: 800.788.9041.

Student signature: _____

Date: _____