

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, for example, a name, address, or e-mail change that will impact communication between Athabasca University and yourself, please complete and submit this form.

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE

## Change of Address

Previous Address: \_\_\_\_\_  
CITY/TOWN PROVINCE/STATE  
COUNTRY POSTAL/ZIP CODE

**New Address:**

\_\_\_\_\_  
CITY/TOWN PROVINCE/STATE  
COUNTRY POSTAL/ZIP CODE

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

Previous Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Previous Fax/E-mail: ( ) \_\_\_\_\_  
(AREA CODE) FAX E-MAIL

**New Telephone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

**New Fax/E-mail:** ( ) \_\_\_\_\_  
(AREA CODE) FAX E-MAIL

## Birthdate Correction

Incorrect Birthdate: \_\_\_\_\_ **Correct Birthdate:** \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

## 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 official documentation, as required (e.g., marriage certificate, legal name, change documentation, decree absolute, etc.).

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, [www.athabascau.ca/calendar/page11.html](http://www.athabascau.ca/calendar/page11.html).

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 administering the services of the Office of the Registrar. If you have any questions about the collection and use of this information, contact the Coordinator, Academic Records and Examination Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3. Phone: 800.788.9041.

**Student signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_