

Student Photo ID Card Request Form

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

Student ID number:

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|--|--|--|--|--|--|--|--|

Student Name:

| | | |
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| LAST | FIRST | MIDDLE |
|------|-------|--------|

Former Name:

| | | |
|------|-------|--------|
| LAST | FIRST | MIDDLE |
|------|-------|--------|

Mailing Address:

| | |
|-----------|----------------|
| CITY/TOWN | PROVINCE/STATE |
|-----------|----------------|

| | |
|---------|-----------------|
| COUNTRY | POSTAL/ZIP CODE |
|---------|-----------------|

Telephone:

| | |
|--------------------------------------|-------------------------------------|
| () | () |
| <small>(AREA CODE) RESIDENCE</small> | <small>(AREA CODE) BUSINESS</small> |

Fax/E-mail:

| | |
|--------------------------------|--------|
| () | E-MAIL |
| <small>(AREA CODE) FAX</small> | |

I am an AU nursing student and require the following wearable ID card for use in healthcare facilities for the following program:

- Bachelor of Nursing
- Advanced Nursing Practice

Please submit one of the following. AU requires that a guarantor verify the student's name and image by completing this form, and by signing the back of a passport photo, if applicable.

- A digital photograph taken by AU staff.
- AU will accept a digital photograph submitted by the student, a scanned image of passport pages, or the student's driver's licence, provided the image includes the student's address and birthdate.
- A passport photo, signed by a guarantor, and mailed to AU.

Digital photographs can be sent via e-mail to idrequest@athabascau.ca. The digital photograph cannot be more than 2 MB in size and must be in JPEG format.

Photo ID cards will be mailed to you.

As a guarantor, you must be a Canadian citizen, have known the student for a minimum of two years, and be included in one of the following groups: chiropractor, judge, magistrate, police officer, lawyer, mayor, medical doctor, minister of religion, notary public, optometrist, person occupying a senior administrative position at a college or university, pharmacist, professional accountant (APA, CA, CGA, CMA, RPA), professional engineer (PEng., Eng.), signing officer at a bank, veterinarian, military officer.

I (guarantor) _____

declare that the information contained in this application is true, to the best of my knowledge.

I have signed the reverse of the applicant's passport photo (if applicable).

I make this declaration from my knowledge of the applicant, whose name is: _____ and whom I have known for _____ years.

Mailing Address (guarantor):

| | |
|-----------|----------------|
| CITY/TOWN | PROVINCE/STATE |
|-----------|----------------|

| | |
|---------|-----------------|
| COUNTRY | POSTAL/ZIP CODE |
|---------|-----------------|

Telephone (guarantor):

| | |
|--------------------------------------|-------------------------------------|
| () | () |
| <small>(AREA CODE) RESIDENCE</small> | <small>(AREA CODE) BUSINESS</small> |

Fax/E-mail (guarantor):

| | |
|--------------------------------|--------|
| () | E-MAIL |
| <small>(AREA CODE) FAX</small> | |

Occupation (guarantor):

Signature of guarantor: _____

Date: _____

Signature of student: _____

Date: _____