



# 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  
www.athabascau.ca

Student ID number:

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AU Student Identification cards remain the property of Athabasca University. They are valid for the academic year displayed on the card.  
[calendar.athabascau.ca/undergrad/current/general/student-id-cards.php](http://calendar.athabascau.ca/undergrad/current/general/student-id-cards.php)

## General Information (please print)

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

Former Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_

## Nursing Students (please check)

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: ( ) ( )  
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

E-mail: \_\_\_\_\_  
E-MAIL

- 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 Student
  - Graduate Non-Program Clinical Student
  - Nurse Practitioner Student: PMD/MN, Nurse Practitioner/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](mailto: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.

## Guarantor

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

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 (P.Eng., 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): ( ) ( )  
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

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

Occupation (guarantor): \_\_\_\_\_

Signature of guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_