



Athabasca University

Office of the Registrar
Athabasca University
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Athabasca, AB T9S 3A3
Toll Free in
Canada/US: 1.800.788.9041
Other: 780.675.6111
www.athabascau.ca

Student Photo ID Card Request Form

STUDENT ID NUMBER [grid]

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

General Information (please print)

Student Name: LAST FIRST MIDDLE
Former Name: LAST FIRST MIDDLE
MAILING ADDRESS
CITY/TOWN PROVINCE/STATE
COUNTRY POSTAL/ZIP CODE
() ()
PRIMARY PHONE SECONDARY PHONE
EMAIL

Nursing Students (please check)

- 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

Requirements for Student Photo ID Card

- 1. Must be an active student.
2. Submit completed and signed request form.
3. Submit a passport-style photograph (clear, close-up, colour).
4. Provide proof of identity in the form of government-issued identification (or provide a guarantor).
Requests and supporting documentation can be sent via email to idrequest@athabascau.ca or mailed by regular post.

Signature of student: _____ Date: _____

Guarantor

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 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 EMAIL
Occupation (guarantor): _____

Signature of guarantor: _____ Date: _____

March 2019