



Athabasca University

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
acrec@athabascau.ca
www.athabascau.ca

Student Photo ID Card Request Form

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

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, currently registered in an AU course.
 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. Alternatively, you can go to an Athabasca University location in Athabasca, Edmonton, or Calgary to have a photo taken and your request processed. ID cards will be mailed, so ensure the mailing address AU has on file for you is the correct one.

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, but NOT be a family member to the student requesting this form.

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: _____

Nov. 2020