



# Student Photo ID Card Request Form

**STUDENT ID NUMBER**

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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

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

## General Information

(please print)

Name you want displayed on your student ID card \_\_\_\_\_

Legal Name: \_\_\_\_\_

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

LAST	FIRST	MIDDLE
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MAILING ADDRESS \_\_\_\_\_

CITY/TOWN	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE
( ) _____	( ) _____
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    
  Nurse Practitioner Student (applies to: MN:NP, PMD:NP, and Graduate non-program clinical student)

## 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 [acrec@athabascau.ca](mailto:acrec@athabascau.ca) or mailed by regular post. 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
( ) _____	( ) _____
(AREA CODE) RESIDENCE	(AREA CODE) BUSINESS
( ) _____	( ) _____
(AREA CODE) FAX	EMAIL

Telephone (guarantor): \_\_\_\_\_

Fax/E-mail (guarantor): \_\_\_\_\_

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

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