



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 Change of Information Form

STUDENT ID NUMBER

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If you have experienced a change of information: e.g. a name, address, or email change; that will impact communication between Athabasca University and yourself, please complete and submit this form.

Complete applicable section(s) only.

Student Name: _____
LAST FIRST MIDDLE

Change of Name Declaration

***Required: Proof of current legal name (in the form of current government issued photo ID); e.g. driver's licence, passport, provincial (photo) ID, or Change of Name Certificate (no more than 1 year old).**

Marriage certificates are not accepted.

I, (name as currently listed on academic record)

LAST FIRST MIDDLE

declare that I have officially changed my name from the above to*:

LAST FIRST MIDDLE

and request that the name on my academic record be amended to reflect this change.

☐ I have provided a copy of current government-issued photo ID with this request.

Affirmed/Chosen/Preferred Name Change

No proof is required.

If you want Athabasca University to have an Affirmed/Chosen/Preferred First Name on your student file that is different than your legal name, please indicate here the first name you would like used: _____ (First name only).

Adding Previous Name(s) to My Student Record

No proof is required.

I would like to add the below former/maiden name(s) to my student record:

LAST FIRST MIDDLE

Birthdate Correction

Required: Proof of correct birthdate; e.g. driver's licence, passport, or provincial (photo) ID card.

DAY	MONTH	YEAR

Change of Address

New Address: _____

Only required if unable to change in your myAU portal.

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Change of Telephone or Email

New Telephone: (_____) (_____) _____
PRIMARY PHONE SECONDARY PHONE

Only required if unable to change in your myAU portal. New Email: _____
EMAIL

- I acknowledge that my former name shall remain a part of my official academic record and may be reported on official documentation.
- I have included supporting legal documentation for the changes noted above.
- I have submitted the government-issued identification, as required.
- I certify that the information provided above is true and complete in all respects and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Athabasca University's Student Code of Conduct and Right to Appeal Regulations: calendar.athabascau.ca/undergrad/current/student-code/index.php

Student signature: _____ Date: _____

The personal information collected on this form will be used for the purpose of processing your request for change of information. This information is collected under the authority of Section 4 (c) of Alberta's *Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Coordinator, Enrolment, Records and Examination Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3. Phone: 800.788.9041.