

Office of the Registrar, Athabasca University 1 University Drive, Athabasca, AB T9S 3A3 Toll Free in Canada/US: 1.800.788.9041 Oth

a W

Student Change of Information Form

STUDENT ID NUMBER										
			-							

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.

Other: /80.6/5.6111		•				•		
acrec@athabascau.ca www.athabascau.ca	Student Name:	LACT			FIRST	AUDDIE		
www.atriabascau.ca		LAST			FIRST	MIDDLE		
	Previous/Former Name:	LAST			FIRST	MIDDLE		
Ch.,, of A.J.J.,,		LASI			FIRST	MIDDLE		
Change of Address	Previous Address:							
	rievious Address.							
		CITY/TOWN				PROVINCE/STATE		
		COUNTRY				POSTAL/ZIP CODE		
	New Address:							
		CITY/TOWN				PROVINCE/STATE		
Cl (m.l. l		COUNTRY				POSTAL/ZIP CODE		
Change of Telephone or	r							
Email	New Telephone:	()					
		PRIMARY PHON	lE			SECONDARY PHONE		
	New Email:				EMAIL			
Birthdate Correction	Incorrect Birthdate:	DAY	MONTH	YEAR				
birtildate Correction	incorrect bir tiluate.					Required: Proof of correct birthdate; e.g. driver's licence, passport, or healthcare card.		
		DAY	MONTH	VEAR		antici s necince, passport, or neutricare cara-		
	Correct Birthdate*:	DAY	MONTH	YEAR				
Cl CV D l								
Change of Name Declar	ration	I, (name as	currently	listed o	n academi	mic record)		
		LAST			FIRST	MIDDLE		
		declare that	t I have o	fficially	changed r	d my name from the above to*:		
		LAST			FIRST	MIDDLE		
	and request that the name on my academic record be amended to reflect this change.							
	*Required: Proof of current legal name; e.g. driver's licence, passport, provincial (photo)							
		ID, or heal	thcare ca	ard. Mar	riage cer	ertificates are not accepted.		
Affirmed/Chosen/Prefe	erred Name	If you want	Athabas	ca Unive	rsity to ha	have an Affirmed/Chosen/Preferred First Name on your		
Change	student file	student file that is different than your legal name, please indicate here the first name you						
C		would like	used:			(First name only).		
		No proof is	required	l .				
I acknowledge that my former	name shall remain a part of r	ny official acad	demic re	cord and	l may be r	e reported on official documentation such as transcripts.		
 I have included supporting legal 					•			
		•						
 I have submitted the government 	ent-issued identification, as re	equired.						

Student signature:_

• 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:

		,	•	,			_		9	
alendar.athabascau.ca/undergrad/current/student-code/index.php										

Date: