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Athabasca University is committed to the integrity of its student records. Any requests to change a name, by means of alteration, deletion, substitution, or addition must be accompanied by appropriate supporting documentation. Students who do not have proof of their legal name may still update their legal name on file at Athabasca University, by completing this statutory declaration.

A. Current Student Information

Name as it currently appears: _____

LAST

FIRST

MIDDLE

AU STUDENT ID

DATE OF BIRTH

B. Updated Student Information

New Name: _____

LAST

FIRST

MIDDLE

C. Change of Name Declaration

LAST

FIRST

MIDDLE

OF THE CITY OF: _____

IN THE PROVINCE OF: _____

Do solemnly declare that (must check all boxes to be valid):

- ☐ I am known or wish to be known by the name listed in Section B above.
- ☐ I am requesting that the name listed in Section B above be updated on my Athabasca University student record.
- ☐ I understand that submitting this form and statutory declaration as supporting documentation will change my name for Athabasca University student records only.
- ☐ I understand that external organizations may not accept or recognize this name, and that inconsistencies between the name on my Athabasca University student record and the name used by external organizations may cause unexpected difficulties (e.g. an inability to receive student loans or connect your T2202 to your legal name to complete your taxes).
- ☐ 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: <https://www.athabascau.ca/calendar/undergraduate/general-information/legal-notes-and-regulations.html#studentcodeofconductandrighttoappealsregulations>

Student signature: _____

MUST BE SIGNED BEFORE COMMISSIONER

Date: _____

Declared before me at the City of _____ in the Province of _____
this _____ day of _____, 20____.

Please affix stamp/seal below

COMMISSIONER FOR OATHS (SIGNATURE)

NAME (PLEASE PRINT)

TELEPHONE NUMBER

APPOINTMENT EXPIRY 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.