



**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.
athabascau.ca/calendar/undergraduate/general-information/student-identification-cards.html

Legal Name:

LAST FIRST MIDDLE

Former Name:

LAST FIRST MIDDLE

Affirmed or chosen **first** name you want displayed on your student ID card if different from legal name. See note.*

General Information (please print)

Note: if you are using your student ID card as identification for writing exams, your card must be in your legal name, or you will not be allowed to sit for your exam. If you would like a student ID card in both your legal and affirmed name, check this box. ☐

MAILING ADDRESS

CITY/TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP CODE

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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 photograph for use (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 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

Telephone (guarantor):

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(AREA CODE) RESIDENCE

(AREA CODE) BUSINESS

Fax/E-mail (guarantor):

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(AREA CODE) FAX

EMAIL

Occupation (guarantor):

Signature of guarantor: _____ **Date:** _____

June 2025

The personal information collected on this form will be used to process your request for photo ID. 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, please contact the Coordinator, Enrolment Services and Academic Records, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.