



Athabasca University

Office of the Registrar
Athabasca University
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www.athabascau.ca

Student Photo ID Card Request Form

STUDENT ID NUMBER						

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

General Information (please print)

Student Name: _____
 LAST FIRST MIDDLE

Former Name: _____
 LAST FIRST MIDDLE

MAILING ADDRESS _____

CITY/TOWN PROVINCE/STATE _____

COUNTRY POSTAL/ZIP CODE _____
 () ()

PRIMARY PHONE SECONDARY 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 Graduate Non-Program Clinical Student

Nurse Practitioner Student: PMD/MN, Nurse Practitioner/Advanced Nursing Practice

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 idrequest@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): () () _____
 (AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail (guarantor): () _____
 (AREA CODE) FAX EMAIL

Occupation (guarantor): _____

Signature of guarantor: _____ Date: _____