

Request for Photo Identification Card Form

--	--	--	--	--	--	--	--

STUDENT ID NUMBER

General InformationName: _____
Last First MiddleTelephone Residence: (_____) _____
area codeFormer Name: _____
Last First MiddleTelephone Business: (_____) _____
area code

Mailing Address: _____

Fax Residence: (_____) _____
area code

City/Town: _____

Fax Business: (_____) _____
area code

Province/State: _____ Postal/Zip Code: _____

E-mail Business: _____

Country: _____

E-mail Residence: _____

Photo Information

Please submit a personal photo of yourself for your I.D. Card and indicate the format used:

- digital photo taken by AU staff
- digital photo supplied by student
(digital images of your driver's license indicating your address and date of birth will be accepted)
- a signed passport photo supplied by student and mailed to AU
(back of the photo must be signed and dated by a guarantor attesting to your identity)

The personal information collected on this form will be used to process your photo I. D. card and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Coordinator, Registry Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-780-675-6111.

Signature: _____ Date: _____

Mail or deliver the completed form and fees to:

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, Alberta T9S 3A3
Telephone: 1-800-788-9041
Fax: 1-780-675-6174

OR

Deliver the completed form to an Athabasca University
Learning Centre in Edmonton or Calgary.

Guarantor Information

As a guarantor, you must:

- have known the person for a minimum of two years, and be confident that the statements made in this application are true
- be a Canadian Citizen living in Canada
- sign the declaration and sign and date the back of the photograph
- be included in one of the following groups:

- Chiropractor
- Judge, Magistrate, or 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

Guarantor Name: _____
Last First Middle

The guarantor is a Canadian Citizen living in Canada. I declare that to the best of my knowledge that all the statements made in this application are true. I make this declaration from my knowledge of the applicant whose name is:

Name of Applicant: _____ whom I have known personally for _____
Last First Middle
_____ years and whose photograph I have signed the back of.

Guarantor's Occupation according to the above: _____

Guarantor's Business Address: _____ Telephone Number: () _____
area code

City/Town: _____ Fax Number: () _____
area code

Province/State: _____ Postal/Zip Code: _____ E-mail Address: _____

Country: _____

Signature: _____ Date: _____