

REGISTRAR'S OFFICE

1407 14 Avenue NW
Calgary, Alberta T2N 4R3

T: 403.284.7634
F: 403.284.7644

E: registrar@auarts.ca
www.auarts.ca

NAME / ID NUMBER

first

middle

last

AUARTS ID number

CURRENT PERMANENT ADDRESS

ADDRESS: _____

street

city/province

POSTAL CODE: _____ TELEPHONE: _____

CALGARY MAILING ADDRESS (if other than permanent)

ADDRESS: _____

street

city/province

POSTAL CODE: _____ TELEPHONE: _____

EFFECTIVE DATES FOR CALGARY/MAILING ADDRESS: All Year September to April only (Summer mail will be sent to permanent address)

Other (specify) _____

AUTHORIZATION

I, the undersigned, authorize the release of my official educational records and information relating to their use to the following:

Name: _____ Relationship: _____

For the purpose of: (please specify):

SIGNATURE: _____

DATE: _____