Ontario College of Teachers | Ordre des enseignantes et des enseignants de l'Ontario

Ontario's Teaching Regulator
L'organisme de réglementation de l'enseignement en Ontario

Indicates required field

APPLICANT THIRD PARTY DISCLOSURE AUTHORIZATION FORM

Complete this form if you authorize the Ontario College of Teachers to disclose personal information regarding your application for certification and membership, as applicable, to someone other than yourself. This can be an individual or an organization (the "**Third Party**"). Please submit this form by using the Member and Applicant File Upload Portal at oct-oeeo.ca/fileupload.

The Third Party you designate will be able to obtain information about the status of your application for certification. However, this does not authorize the Third Party to (a) obtain other personal information about you, such as the details included in your application; or (b) represent you in any dealings with the Ontario College of Teachers.

Your Information

LAST NAME

FIRST AND MIDDLE NAME

COLLEGE REGISTRATION NUMBER

Your Designated Third Party's Information

Please name either the individual or organization you wish to designate.

If you designate an individual, only that individual will be authorized to obtain information.

If you designate an organization, employees within that organization will be authorized to obtain information.

FULL NAME OF AUTHORIZED INDIVIDUAL OR AUTHORIZED ORGANIZATION

ADDRESS LINE 1

ADDRESS LINE 2

APT.# /UNIT # / P.O. BOX / RR#

CITY

PROVINCE / STATE

POSTAL CODE / ZIP CODE

COUNTRY

HOME PHONE NUMBER

MOBILE PHONE NUMBER

You can withdraw this authorization at any time by contacting the Ontario College of Teachers.

The authority granted to the Third Party is automatically terminated on the earlier of:

a) one year from the date this authorization is signed; or
b) upon the applicant obtaining certification and membership with the College; or
c) upon the applicant withdrawing their application to the College.

This authorization supersedes any other Third Party authorization previously authorized by the applicant.

This authorization form is intended to be used by the applicant by choice. Submitting this form is optional and is not required in relation to any Ontario College of Teachers programs or processes.

By signing below, I understand that the Ontario College of Teachers is relying on this authorization form to release personal information about me to the Third Party designated above.

SIGNATURE

DATE (DD/MM/YYYY)