

## Authorization to Access Information Form

For B.Ed/Dip.Ed graduates of the Faculty of Education, Queen's University



**Queen's**  
UNIVERSITY

Office of Continuing Teacher Education  
Faculty of Education, Room A113  
511 Union St W  
Queen's University  
Kingston, Ontario K7M 5R7  
Tel: (613) 533-2387 Fax: (613) 533-6702  
Web: [www.coursesforteachers.ca](http://www.coursesforteachers.ca)

Queen's Student Number:

Name:

*Please read carefully*

***I hereby authorize release of my university transcripts contained in my file in the Education Registrar's Office to the Queen's Continuing Teacher Education Office, for the sole purpose of applying to a CTE course(s).***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The personal information collected on this form is done under the legal authority of the Royal Charter of 1841, as amended, and the Ontario College of Teachers Act. This information will be used for registration purposes at Queen's University and the Ontario College of Teachers. Questions or concerns about the information collected or how it will be used can be directed to the Dean of Education, Dr. Rosa Bruno-Jofré, at (613) 533-6210.