



Request for Assistance in Obtaining Documents

If you experience difficulty arranging for an institution or organization to send documents directly to the College, please complete this form. Once received, we will advise you if, and how, we can help. The College will make every effort to assist applicants provided that the document would otherwise be available. This form does not apply to documents that must be submitted by applicants directly (such as proof of identity, name change (if applicable), Criminal Records Check and teaching certificates).

SECTION A – PERSONAL INFORMATION

COLLEGE APPLICATION NUMBER		LAST NAME	
FIRST AND MIDDLE NAMES		EMAIL	
ADDRESS LINE 1		ADDRESS LINE 2	
APT.# / UNIT / P.O. BOX / RR#	CITY	PROVINCE	POSTAL CODE / ZIP CODE
COUNTRY	PRIMARY PHONE	SECONDARY PHONE	

SECTION B – DOCUMENT

Complete the table below to identify the document you are having difficulty arranging to come directly to the College from the issuing institution. Please complete a separate form for each document, if there is more than one.

Name/type of document (as listed on your application):	
Institution name:	
Institution address*	
Institution email*	

* We are only able to send requests to addresses that can be verified.

SECTION C – SUPPORTING DOCUMENTS

If possible, please include copies of any supporting documents with this request. Examples of supporting documents for a transcript include, but are not limited to, student issued transcripts or copies of degree scrolls. Examples of supporting documents for a statement of professional standing include, but are not limited to, reference letters, employment records or any ministry issued documentation that provides information on your professional standing in the jurisdiction where you completed your program of professional education.

Please check one of the following boxes:

- I do not have any supporting documents in my possession
- I have attached any supporting documents in my possession

Please provide details of your attempts to request the document:

Date of attempt (DD/MM/YYYY)	Example DD/MM/YYYY
Communication method (Email, letter, telephone, in-person)	<i>Email</i>
Department or person contacted	<i>Registrar</i>
Institution response	<i>The institution never responded</i>

If you need additional space, please use Notes page

- I have attached documentation of my attempts to retrieve the document. (If your institution has responded in writing, please also provide a copy of the correspondence.)

If you have not attempted to contact the institution, please advise why in the section below.

Please check this box:

- I understand that only complete and signed forms with accompanying documents (if applicable) will be processed.

SIGNATURE

DATE (DD/MM/YYYY)

Please sign and return this form to us using our file upload portal at oct-oeeo.ca/fileupload or by fax at 416.961.8822 with attachments. Only completed and signed forms will be processed. Please allow up to 30 business days for us to process your request.

SECTION D – INTERVENTION REQUEST

Please complete this section if you authorize the College to intervene on your behalf to obtain the document. The information contained in Section D will be shared with the institution to facilitate a response to our inquiry.

DOCUMENT

LAST NAME

REGISTRATION ID

FIRST AND MIDDLE NAMES

DATE OF BIRTH (DD/MM/YYYY)

INSTITUTION NAME

INSTITUTION COUNTRY

INSTITUTION IDENTIFICATION NUMBER (IF APPLICABLE)

Please check this box:

I authorize the Ontario College of Teachers to contact the above institution on my behalf to obtain the documents required for my application. I acknowledge that the College requires official documents, sent directly from the issuing institution to complete my application.

SIGNATURE

DATE (DD/MM/YYYY)

Please sign and return this form to us using our file upload portal at oct-oeeo.ca/fileupload or by fax at 416.961.8822 with attachments. Only completed and signed forms will be processed. Please allow up to 30 business days for us to process your request.

