

INFORMATION ACCESS AUTHORIZATION FORM FOR QUEEN'S B.ED/DIP.ED GRADUATES

NAME:

QUEEN'S STUDENT NUMBER:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

PLEASE LIST THE AQ/ABQ COURSES YOU ARE INTERESTED IN:

I authorize the release of the university transcripts contained in my file at the Queen's Faculty of Education Registrar's Office to the Office of Continuing Teacher Education for the purpose of assessing my eligibility for the AQ/ABQ courses I have listed above.

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 at (613) 533-3029

PLEASE FAX THIS FORM TO (613) 533-6702 OR SEND IT TO THE ADDRESS BELOW BEFORE THE APPLICATION DEADLINE.

Please allow up to 5 business days for the completion of your assessment.

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