



Request to Remove Former Name from Register

The fee must accompany this form. If you are paying by credit card, please visit the [e-Services](#) section of our website at [oct.ca](#) → [Members](#) → [E-Services](#) to complete this form and make your payment.

The College is required to maintain a public register of all members and to include members' names, qualifications, credentials and current membership status. The information on the public register must be available to the public.

The Registrar has the authority to permit the deletion of a former name from the register, upon request by the member, provided the member has never taught under that name.

The member making the request must provide the following:

1. a current, original criminal record check showing all names, including the name the member is requesting to have removed
2. a letter from current and previous employers verifying the member has never taught under the name they want removed
3. an original affidavit from the member attesting that all information provided in this form is accurate.
4. a \$25 fee

PERSONAL INFORMATION

COLLEGE REGISTRATION NUMBER

LAST NAME

FORMER 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

DETAILS OF REQUEST

I request that my former name:

FORMER NAME

under which I have never taught, be removed from the public register of the Ontario College of Teachers.

I am making this request because:

ATTACHMENTS

- a current, original criminal record check showing all names, including the name you are requesting to have removed – obtained within six months of the date of this request.
- Letters from all employers verifying you have never taught under the name you want removed from the register.
- An original affidavit signed by you and witnessed by:

WITNESSED BY

attesting to the fact that you have never taught under this name.

This form must be signed to proceed with your request.

SIGNATURE

DATE (DD/MM/YY)

Please either enter a digital signature or print, sign and date this form before sending it back to the College.

PAYMENT

Please include the appropriate fee.

Please make your cheque or money order payable to **Ontario College of Teachers**, attach it to this form and mail to:

Membership Services
Ontario College of Teachers
101 Bloor Street West
Toronto ON M5S 0A1

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