



## Access to Records/Request for Documents

Under the Freedom of Information and Privacy Act

**This form is to be used if you want to access your file, and/or if you want to request copies of documents from your file. Copies of documents available are those that you have provided to OACETT. Please see the OACETT File Retention Policy on page 3.**

**1. I am requesting:**

- Access to my file (Available only at the OACETT office.)  
You will be contacted for an appointment to review your file during regular office hours Monday to Friday, 8:30 am – 4:00 pm.

Access to a member's file including 6 black and white photocopy pages costs \$30.00. Additional pages cost \$ 0.15 per page. Double sided documents count as two pages. Taxes and courier charges are applicable. Please list documents in section 2 below.

**2. I am requesting:**

- Photocopies of documents. Copies of documents available are those that you have provided to OACETT; for example, transcripts, birth certificate, etc.

The cost for up to 6 black and white photocopy pages is \$30.00. Additional pages cost \$ 0.15 per page. Double-sided documents count as two pages. Taxes and courier charges are applicable. Please list documents in table below.

Document	Number of pages (if known)	Number of copies	Total number of pages (if known)

Total number of pages (if known): \_\_\_\_\_

Documents may be more than one page and result in additional costs. Contact Audrey D'Souza, Administrative Coordinator at 416.621.962, extension 232 to confirm cost. You will be contacted if there is a discrepancy.

By signing below, I am officially requesting access and/or photocopies of documents from my file.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

Please complete all information below:

**PERSONAL INFORMATION**

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Membership Number:
First Name:	Last Name:
Middle Name:	Date of Birth (yyyy/mm/dd):

**RESIDENCE ADDRESS**

Number & Street:
Apartment/Suite:
City/Town:
Province:
Postal Code:

**TELEPHONE (including area code)**

**EMAIL**

Residence:	Residence:
Business:	Business:
Cell:	

**PAYMENT INFORMATION**

(HST# 107796658RT0001)

**Calculation of Costs:**

Amount for Access and/or photocopies:	\$30.00
Additional copies ( \$0.15 per page):	
Xpresspost Courier Charge:	\$5.00
HST (13%):	
Total:	\$

**Payment Type:**       Visa       Master Card       Cheque/Money Order

Name on Credit Card:
Credit Card Number:
Expiry Date (mm/yyyy):

Cardholder's Authorized Signature:

(Cardholder will pay to the issuer of the charge card the amount in accordance with the issuer's agreement with the cardholder.)

Send this form and fee via mail, fax, or email to:

Office of the Registrar  
OACETT  
10 Four Seasons Place, Suite 404  
TORONTO ON M9B 6H7  
Fax: 416.621.8694  
Email: [adsouza@oacett.org](mailto:adsouza@oacett.org)

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**For Office Use Only**

Date Request and Fee Received:	
Date Documentation Sent (if required):	
Date of Appointment (if required):	
Signature of Staff:	
Signature of Member (if picking up documents):	

**OACETT File Retention Policy**

OACETT retains an electronic file for active members indefinitely. Paper records/documents will be scanned and/or microfilmed upon receipt and the paper copy will not be retained. Lapsed member files are kept for five years and subsequently removed from our database.