

Request for a Letter of Good Standing Attesting to the Validity of a Teaching Authorization

Ministère file number :

A- Identity of candidate

<input type="checkbox"/> Mr.	Last name at birth	First name	
<input type="checkbox"/> Ms.			
Date of birth (yyyy-mm-dd)		Social insurance number	
Address			Apartment
City		Province	Postal code
Telephone number (home)	Other numbers (cell, Work)	E-mail address	
Number of the teaching authorization (if known)			

B- Address where the copy is to be sent (if different from that in section A)

Name of the individual or organization		
Address		Country
City	Province	Postal code

The personal information collected by the Ministère is essential to the exercise of its functions, as provided for under the *Regulation respecting teaching licences*. This information may also be used for research or statistical purposes. It is treated confidentially and is accessible only to authorized staff who need it to carry out their duties. You have the right to request access to your personal information held by the Ministère and to request that it be corrected. To exercise this right, please contact the person responsible for access to documents and the protection of personal information.

I hereby request a Letter of Good Standing attesting to the validity of my teaching authorization.

Signature _____

Date _____

C- Reserved for Ministère

DECISION	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Letter not sent
	<input type="checkbox"/> Other document (specify): _____	
Remarks: _____		
Signature of the authorized person	Date	Date of last document received
Ministère file number	Initials	Date of issue

Send your request to:

Direction de la formation et de la titularisation du personnel scolaire
Ministère de l'Éducation et de l'Enseignement supérieur
1035, rue De La Chevrotière, 28^e étage
Québec (Québec) G1R 5A5
Fax: 418-643-2149