



**ONTARIO STUDENT TRANSCRIPT REQUEST FORM**  
 Authorization and Consent

I, the undersigned do hereby consent to Grand Erie District School Board releasing a copy of my Ontario Student Transcript, as is defined by The Education Act.

**PLEASE TYPE DIRECTLY ON THE FORM, PRINT AND SIGN**

PRESENT NAME \_\_\_\_\_

NAME(S) USED IN SCHOOL \_\_\_\_\_

DATE OF BIRTH (MM / DD / YYYY) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

LAST GEDSB SECONDARY SCHOOL ATTENDED \_\_\_\_\_

LAST YEAR OF ATTENDANCE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I further authorize and direct Grand Erie District School Board to release the said copy of my Ontario Student Transcript(s) to the address below and this shall be your good and sufficient authority for doing so.

NAME \_\_\_\_\_

MAILING ADDRESS/STREET/APT/UNIT \_\_\_\_\_

CITY/PROVINCE/POSTAL CODE \_\_\_\_\_

- The \$24.00 non-refundable fee for up to 3 Ontario Student Transcripts must be paid prior to processing all requests for 10+ years since leaving secondary school. If under 10 years of leaving, no fee will be charged.
- Payment by mail is by certified cheque or money order only. Personal cheques not accepted.
- In-person requests may be made by cash, debit, credit card, certified cheque or money order.
- There is a \$5.00 fee for additional copies (maximum of 5).
- Upon receiving this form and payment, processing time is 48 to 72 hours.
- This form with payment may be mailed to: **Student Records**, Grand Erie Learning Alternatives, 365 Rawdon Street, Brantford, ON N3S 6J3 (Phone 519-753-6079, Fax 519-753-6690)

**OFFICE USE ONLY**

Cash \_\_\_ Chq/MO \_\_\_ DR \_\_\_ Credit Card \_\_\_ N/C \_\_\_ No. Copies \_\_\_ Staff Initials \_\_\_ Posted: \_\_\_

Date: \_\_\_\_\_

Personal information on this form is collected under the authority of the Education Act R.S.O. 1990 and will be used for processing student transcripts.

Revised 18/9/2018