



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 payable to Grand Erie Learning Alternatives.
- 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