



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

**JULY AND AUGUST 2017**

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 \_\_\_\_\_  
(FROM JUNE 2006 TO PRESENT)

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

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

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_  
(Required if student is under the age of 18 years)

➤ Request form may be mailed to : **Student Records Department**  
Grand Erie Learning Alternatives  
365 Rawdon Street  
Brantford ON N3S 6J3

I further authorize and direct Grand Erie District School Board to forward the said copy of my Ontario Student Transcript(s) to

NAME \_\_\_\_\_

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

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

and this shall be your good and sufficient authority for doing so.

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.

*Growing Excellence... Inspiring Success*