



ONTARIO STUDENT TRANSCRIPT REQUEST FORM
Authorization and Consent

GRADUATED OR LEFT SCHOOL UNDER 10 YEARS AGO FROM GELA

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 _____

Note: Applicant may pick up transcript in person. Alternatively, please indicate name and address to which the transcript is to be mailed to:

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 _____

- Since applicant has either graduated or left a GEDSB school under 10 years ago, no fee will be charged.
- In-person requests may be made by visiting 365 Rawdon Street, Brantford, ON between the hours of 8:00 am and 4:00 pm, Monday to Friday.
- Upon receiving this form, processing time is 48 to 72 hours.
- This form also may be mailed or faxed to **Student Records**, Grand Erie Learning Alternatives, 365 Rawdon Street, Brantford, ON N3S 6J3, Fax 519-753-6690. For further info, phone 519-753-6079.

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 11/2017