



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 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.

- The \$24.00 non-refundable fee for up to 3 Ontario Student Transcripts must be paid prior to processing.
➤ Payment options are cash, certified cheque, or money order only. We do not accept personal cheques.
➤ There is a \$5.00 fee for additional copies (up to a maximum of 5), if ordered at the same time.
➤ Request form along with payment may be mailed to: Student Records Department

Grand Erie Learning Alternatives
365 Rawdon Street
Brantford ON N3S 6J3 P: 519-753-6079

OFFICE USE ONLY

ID _____ PAID _____ NUMBER OF COPIES _____ STAFF INITIALS _____

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.