



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 \_\_\_\_\_

CIRCLE LAST PROGRAM ATTENDED: ILC    ADULT    PSW    UNDER 21 DAY    SUMMER OR NIGHT SCHOOL    SWAC

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.

