REQUEST FOR STUDENT RECORD OR TRANSCRIPT

365 Rawdon Street, Brantford, ON N3S 6J3 519-753-6079

First Name (Given)			
Middle Name			
Surname			
Full Name Used in School			
Date of Birth (MM/DD/YYYY)		Mailing Address	
Phone Number(s)			
Last Grand Erie School Attended			
Year of Graduation or Departure			

ALL applicants must submit a copy of their identification. For students who left school more than 10 years ago, a fee of $24 applies and request may be emailed to s-geb@granderie.ca or mailed to 365 Rawdon Street, Brantford. For GELA-ILC or Adult students, if you left school under 10 years ago, send this request to lois.marcotte@granderie.ca (no fee applies). If a fee applies, it can be paid by certified cheque, money order, cash, e-transfer to s-geb@granderie.ca, or debit/credit. Cash and debit/credit to be made in-person. If you require more than 3 copies, the fee is an additional $10 for a maximum of 5 copies.

Document Requested (please check below)

☐ Secondary School Transcript

☐ Ontario Student Records (archived)

Distribution Information (48-72 hours are required for processing from date receiving this form)

☐ **Pick Up** (if not by applicant, indicate name below)

I authorize release of the requested document(s) to: _____

☐ **Email** Send to email address: _____

☐ **Mail** Send to above address OR as below:

_____

Unit/Street City Prov/Postal Code

Authorization (to be completed by Applicant)

I authorize Grand Erie District School Board to release the requested document(s) as specified in the Distribution Information section. Personal information is collected under the authority of the Education Act R.S.O. 1990 and is used for processing this request.

_____ _____

Signature **Date**

OFFICE USE ONLY

☐ Cash ☐ Chq/MO ☐ DR ☐ CC ☐ NC ☐ E-TRFR

Copies _____ Staff _____ Posted _____