



Brantford Collegiate Institute & Vocational School

120 Brant Avenue, Brantford, ON N3T 3H3

(519)759-3210 Fax: (519)759-7943

Student Services Department

SCHOOL TRANSCRIPT REQUEST

Authorization and Consent

There is a \$5.00 fee for each transcript issued. Payment is by *cash, certified cheque or money order only*. Cheques are payable to *BCI Main Office*. Requests will not be processed until the release form and payment are complete.

I, the undersigned, do hereby consent to The Grand Erie District School Board and Brantford Collegiate Institute & Vocational School releasing a copy of my student transcript, as is defined by The Education Act.
(Please PRINT)

Present Name: _____

Name(s) Used in School: _____

Date of Birth: _____ Telephone: Home: _____

Work: _____

Last Year of Attendance at BCI: _____

Reason for Request: _____

Signature: _____ Date: _____

Please fill out the following if you would like your transcript mailed to you.

I further authorize and direct the Brantford Collegiate Institute & Vocational School to forward the said copy of my student transcript(s) to:

Name: _____

Mailing Address: _____

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

OFFICE USE ONLY

Paid \$ _____ Cash _____ Cert Chq _____ MO _____ #Copies _____ Processed by _____

Comments: _____ Date: _____