



**GRAND ERIE DISTRICT SCHOOL BOARD**  
**Student Records Department**  
**365 Rawdon Street, Brantford, Ontario N3S 6J3**

**SCHOOL TRANSCRIPT REQUEST**  
**Authorization and Consent**

I, the undersigned do hereby consent to the Grand Erie District School Board 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 HIGH SCHOOL ATTENDED: \_\_\_\_\_

LAST YEAR OF ATTENDANCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ONLY FILL OUT IF YOU WOULD LIKE YOUR TRANSCRIPT MAILED:**

I further authorize and direct the Grand Erie District School Board to forward the said copy of my student transcript(s) to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

➡ The \$24.00 non-refundable fee for up to 3 student transcripts must be paid *prior* to processing – payment by *cash, certified cheque or money order* only - payable to Grand Erie Learning Alternatives. Please note that we **do not** accept personal cheques.

➡ There is a \$5 fee for additional copies (up to a maximum of 5), if ordered at the same time.

**OFFICE USE ONLY**

I.D. \_\_\_\_ PAID \$ \_\_\_\_ Cash \_\_\_\_ Cert.Chq. \_\_\_\_ MO \_\_\_\_ # COPIES \_\_\_\_ STAFF \_\_\_\_

COMMENTS: \_\_\_\_\_ DATE: \_\_\_\_\_