



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: _____

