



REQUEST FOR STUDENT RECORD OR TRANSCRIPT



Mail this form to: Grand Erie Learning Alternatives, 365 Rawdon Street, Brantford, ON N3S 6J3 or email to: s-geb@granderie.ca

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 photo I.D. \$24.00 fee applies if departure from school 10+ years ago. If paying by certified cheque or money order, please mail to above address. If paying by cash, debit or credit card, please make an appointment, 519-753-6079. For e-transfers, please send to s-geb@granderie.ca.

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			
<input type="checkbox"/> Cash	<input type="checkbox"/> Chq/MO	<input type="checkbox"/> DR	<input type="checkbox"/> CC
<input type="checkbox"/> NC	<input type="checkbox"/> E-TRFR		
Copies _____	Staff _____	Posted _____	