GELA
Grand Erie Learning Alternatives

Joseph Brant Learning Centre - GELA,
347 Erie Avenue, Brantford, ON N3S 2H7
519-753-6079
granderie.ca/GELA

Request for Student Record or Transcript

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

All applicants must submit a copy of their identification. For students who left school more than 10 years ago, a fee of $24 applies. All requests may be mailed to: **transcripts@granderie.ca** or mailed to Joseph Brant Learning Centre - GELA, 347 Erie Avenue, Brantford, ON N3S 2H7. For GELA ILC or Adult students, if you left school under 10 years ago, send this request to **transcripts@granderie.ca** (no fee would apply). If a fee applies in your case, it can be paid by exact cash or e-transfer to **cashreceipts@granderie.ca**. 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: ..... Province: ..... 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 ☐ ☐ ☐ ☐ No Charge ☐ eTransfer

Copies: Staff: Posted: