



Date: _____

_____ 1st Request

_____ 2nd Request

TO: Principal and/or Guidance Counselor

Name of School _____

Address: (if located outside New Castle Country) _____

FROM: Kellie Tetrick, Principal

RE: **REQUEST FOR STUDENT RECORDS**

Please send the senior high school academic records (grades 9-12) of the student named below. They have requested that their transcript (courses, grades and credits earned) be forwarded to:

James H Groves Adult High School – Red Clay Center
1621 Telegraph Road
Wilmington, DE 19804
(302) 651-2709
Fax (302) 658-7137

Student Name _____
(Print full name used when a student at this high school)

Maiden Name (if applicable) _____

Birthdate Present Age

Social Security # _____

• Year student withdrew from school _____

• Grade Level when student withdrew _____

_____ I did not complete the 9th grade (Yes or No)

I do do not have any grades or credits from high school
(circle one)

Student Signature _____

Note: This request for disclosure of pupil's records is made under provision of Delaware Code, title 14, Chapter 41, Section 4114. The chief school officer or his/her designee is authorized to release the information requested. This form is intended for retention as a permanent record in the student's school file.

RED CLAY CONSOLIDATED SCHOOL DISTRICT

Dorrell Green
Superintendent

Administrative Offices
1502 Spruce Avenue
Wilmington, DE 19805

ADULT EDUCATION
Red Clay Center
1621 Telegraph Road
Wilmington, Delaware, 19804

Office (302) 651-2709
Fax (302) 658-7137

Kellie Tetrick
Principal
Kellie.Tetrick@redclay.k12.de.us