

James H. Groves Adult High School Transcript Request Form

PLEASE PRINT ALL INFORMATION			
Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
Name at time of graduation (if different from above)			
Date of Birth		Social Security Number	
Last Groves Center attended (X): <input type="checkbox"/> Appoquinimink Adult Education <input type="checkbox"/> Christina Adult Education <input type="checkbox"/> Delaware Center for Distance Adult Learning Inc. (Diploma-At-A-Distance) <input type="checkbox"/> New Castle County Vo-Tech Adult Education <input type="checkbox"/> Polytech Adult Education <input type="checkbox"/> Red Clay Adult Education <input type="checkbox"/> Sussex Tech Adult Education		Year of Graduation/Attendance	
Your Current Address (Street/PO Box/Apt.)			
City/State/Zip Code			
Primary Phone Number		Secondary Phone Number	
Email Address			
I authorize the above Center to release verification of my Groves credential or record. Signature of student below:			
Student Signature X		Date	
Send items requested to the name(s) and complete mailing address(es) OR name and fax number OR email address:			
Allow 7-10 business days upon receipt of request. Fees may apply per Center.			
	Transcript		
	Verification letter		