



**RED CLAY CONSOLIDATED  
SCHOOL DISTRICT**

**Dorrell Green**  
*Superintendent*

**Administrative Offices**  
1502 Spruce Avenue  
Wilmington, DE 19805

**ADULT EDUCATION**  
Red Clay Center  
50 Hillside Road  
Wilmington, Delaware, 19807

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

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

Date: \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Request

\_\_\_\_\_ 2<sup>nd</sup> 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

50 Hillside Road

Wilmington, DE 19807

(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 9<sup>th</sup> 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.