



REDCLAY CONSOLIDATED SCHOOL DISTRICT
Alexis I. du Pont High School
Wilmington, DE 19807

To the Parent/Guardian/Student:

In accordance with the provisions of PL 93-380, officials of other schools or school systems in which a student under the age of 18 intends to enroll may be sent a copy of the student's records, providing a parent is notified of the intended transfer of record. You/your student is requesting that a transcript of his/her high school record be sent to the institution named below. Please sign this form, indicating that you have been notified of the intended transfer.

(Signature of Parent/Guardian)

REQUEST FOR FORWARDING OF TRANSCRIPT
(to be completed by student)

On _____ I gave application for:
(date)

(Name of Institution)

(Address)

(City)

(State)

(Zip Code)

Please forward a copy of the transcript of my high school records to this institution.

_____ **Transcript to be mailed**

(Printed name of Student)

_____ **Transcript to student/parent**

(Graduation Year)

_____ **Application Due Date**

(Student Signature)

TO THE STUDENT:

YOUR REQUEST FOR A TRANSCRIPT WILL NOT BE PROCESSED UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO THE GUIDANCE OFFICE (**MINIMUM 1 SCHOOL DAY REQUIRED FOR PROCESSING**). TRANSCRIPTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE REQUESTED AND NOT UNTIL THE FEE OF \$2.00 IS PAID BY CASH OR MONEY ORDER. RETURN THIS FORM TO: ALEXIS I du PONT HIGH SCHOOL, 50 HILLSIDE ROAD, WILMINGTON, DE 19807