

# STUDENT RECORD RELEASE FORM

**Shawnee Mission South High School**  
**5800 West 107<sup>th</sup> Street**  
**Shawnee Mission, Kansas 66207**  
**Telephone: 913-993-7500**  
**Fax: 913-993-7542**

**CEEB Code: 172-772**  
**www.smsd.org**

**Registrar: Susan Walter**  
**sowalter@smsd.org**

Dear Seniors and Parents:

*The Counseling Office must have your official permission to mail the relevant materials to colleges, scholarships and other programs, including NCAA, employment, & summer internships, to which you are applying. Please read our record release policies below and then sign to acknowledge them.*

- Signed permission *must* be on file prior to requesting transcripts
- Transcripts include weighted & un-weighted GPAs, Grade History, Immunizations and Test Scores. *Some colleges may require standardized test results to be sent directly from the testing agencies. It is the **student's** responsibility to accommodate such requests.*
- It is recommended that the students obtain an unofficial copy for their own records to verify that all information presented is correct.

**FINAL TRANSCRIPTS:** Universities require a final transcript after GPA has been calculated for the 8<sup>th</sup> semester. They are mailed or sent through XELLO by the 2<sup>nd</sup> week in June.

If you have application questions, please contact your counselor. Please return this form to the Registrar prior to requesting a transcript.

**I have reviewed, understand and accept the student record release policies above. I authorize Shawnee Mission South High School to release my transcript and other records listed above to colleges and other programs to which I intend to apply. It is my responsibility to inform the Registrar where to send my school credentials and of the deadlines for each program.**

\_\_\_\_\_  
Student #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature (required for students less than 18yrs)

\_\_\_\_\_  
Date

Revised 08/2019