

PLEASE RETURN THE ABOVE FORM
WITH A PHOTOCOPY OF AN I.D. AND \$2.00

Make check or money order payable to Shawnee Mission School District

If you graduated or last attended between 1984 and 1991, please send this request to:

Student Records Office

Shawnee Mission School District
Center for Academic Achievement
8200 W. 71st St.
Shawnee Mission, KS 66204
Fax: 913-993-6298 * Phone: 913-993-6287

For all other years, please send this request to your high school, Attn: Registrar.

Shawnee Mission East High School

7500 Mission Road
Shawnee Mission, KS 66208
Fax: 913-993-6886 * Phone: 913-993-6600

Shawnee Mission North High School

7401 Johnson Drive
Shawnee Mission, KS 66202
Fax: 913-993-6999 * Phone: 913-993-6900

Shawnee Mission Northwest High School

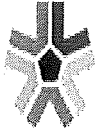
12701 W. 67th Street
Shawnee Mission, KS 66207
Fax: 913-993-7499 * Phone: 913-993-7200

Shawnee Mission South High School

5800 W. 107th Street
Shawnee Mission, KS 66207
Fax: 913-993-7542 * Phone: 913-993-7500

Shawnee Mission West High School

8800 W. 85th Street
Shawnee Mission, KS 66212
Fax: 913-993-7842 * Phone: 913-993-7800



SHAWNEE MISSION SCHOOL DISTRICT

Transcript Request and Records Release Authorization

Date: _____

Name (while in school): _____

Student Number: _____ Name of School Last Attended: _____

Year graduated or last attended: _____ Date of birth: _____

Records Release Authorization (as required by Public Law 93-380)

I hereby authorize and request the Shawnee Mission School District to release the transcript of grades, test scores, immunizations and identifying data as shown on the permanent records of the person named above.

Send Transcript to _____

Street Address of Recipient _____

Street Address #2 of Recipient _____

City, State, Zip Code of Recipient _____

All transcript issued to students are considered unofficial. Please provide the mailing address of any college or other agency that requires an official transcript be sent directly by the institution issuing it.

Reason for Release:

Official Transcript: ___ College Application ___ Scholarship ___ Union/State License ___ Armed Service ___ Other (please specify) _____

Unofficial Transcript: ___ Personal Use ___ Employment ___ Other (please specify) _____

- 1. Student must sign if 18 years or older.
2. Parent/Guardian must sign if student is under 18 years of age.
3. A student is entitled to five transcripts at no cost for the duration that he or she is enrolled in a Shawnee Mission school. The fee for subsequent transcripts will be two dollars each.
4. A photocopy of an ID such as a driver's license with legible signature must accompany this request.

Print Current Name _____

Signature _____

Current Street Address _____

City, State, Zip Code _____

Telephone _____

FOR OFFICIAL USE ONLY: Date Received: _____ Date Sent: _____
Identification: _____