



*Student Records and Enrollment Services
Debbie McCurry, Supervisor
Phone (316) 973-4498*

*Alvin E Morris Administrative Center
903 S Edgemoor
Wichita, Kansas 67218*

Requesting Student Records

As the official repository of records for USD 259, the Student Records and Enrollment Services department can provide you with an official copy of your high school transcript, special education Individual Education Plan (IEP), or duplicate diploma. The diploma is not an exact copy of the original. However, it is a nice document printed on parchment stock and includes a gold seal.

All transcripts, diplomas, and IEP's cost \$2.00 each and can be paid for by cash, check, or money order. Checks should be made payable to USD 259. **Please note that payment must be received before any request is expedited.**

To make your request please fill out the Consent to Release Records (below) and mail or personally deliver it to:

**Student Records
903 S. Edgemoor
Wichita, KS 67218**

Requests are normally processed within 24 business hours. **All requests will be sent via U.S. Mail. We do not fax or email pupil records. No exceptions.**

Consent to Release Records

I am requesting a: Transcript Duplicate Diploma Copy of IEP

Last Name (as used in school)	First Name	M.I.	Date of Birth
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Current Address	City	State	ZIP	Phone
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Last USD 259 School Attended	School Year	Graduate? (Y/N)	Current Email (Optional)
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I want my records sent to:

<input type="checkbox"/> Self	<input type="checkbox"/> Butler CC	<input type="checkbox"/> Cowley CC
<input type="checkbox"/> Emporia	<input type="checkbox"/> Encore	<input type="checkbox"/> Friends
<input type="checkbox"/> Hutchinson CC	<input type="checkbox"/> ITT	<input type="checkbox"/> KSU
<input type="checkbox"/> KU	<input type="checkbox"/> WSU TECH	<input type="checkbox"/> WSU
<input type="checkbox"/> WTI	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Additional Comments or directions: _____

I fully acknowledge that by signing this consent I authorize the Wichita Public Schools (USD 259) to release my information to the above selected parties.

Signature of Requestor	Date	ID – SSN – DL (Optional)
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