



SOUTH CAROLINA GOVERNOR'S SCHOOL
for Science & Mathematics

**Signatures for GSSM Application
Residential Application**

By completing and signing this form, you give the GSSM Admissions Office permission to share the information provided in your application, including your transcript, standardized test scores and video (if submitted), with the members of the GSSM Application Review Committees. Only the information you provide on your application and supplemental documents will be shared with committee members. Your information will not be sold or shared with any third party or entity outside GSSM and the Application Review Committees.

For the Applicant:

I hereby affirm that all the information on this application is correct and that all written responses are my original work.

I received editorial assistance preparing my responses from: (check all that apply)

a teacher

a friend

a parent

Applicant's name (printed): _____

Applicant's signature: _____ Date: _____

For the Parent or Guardian:

My child has my permission to apply to the South Carolina Governor's School for Science & Mathematics. I hereby give my permission to my child's high school to release school records with this application.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Return this form using one of the following methods:

- **Upload scanned document in your online application checklist**
- **Mail to GSSM**
- **Fax to GSSM**
- **Email scanned document to GSSM**