

# REQUEST FOR STUDENT PRESS PASSES

**DATE DUE:** *TUESDAY PRIOR TO THE STATE EVENT*

**TIME DUE:** *2:00 P.M. (CT)/1:00 P.M. (MT)*

## STIPULATIONS FOR STUDENT PRESS PASSES

1. The press passes are granted to **only** high school **student journalists**.
2. Student press passes will only be issued to schools that have **submitted an online roster** of their student school newspaper and yearbook journalists for the **current semester**.
3. A school may request no more than 2 student passes for the school newspaper and 2 student passes for the school yearbook. Passes will **only** be issued for the state event a school is participating in.
4. The request for student press passes should list the students by their names.
5. Student press passes will **only** be issued if **requested in advance** of the event – the request must be received in the SDHSAA office no later than 2:00 pm (CT)/1:00 p.m. (MT) on the Tuesday immediately prior to the state athletic event. **Requests received by the SDHSAA after the deadline will be denied. The students then must purchase a ticket to gain admission to the state event.**  
**\*NOTE: If, due to extenuating circumstances an earlier deadline is necessary, the athletic directors of all schools involved in the state event will be notified.**
6. Students not listed on the online roster will be denied student presses pass.
7. This request form **must be signed** by a member of the school administration plus the newspaper and/or yearbook advisor(s) requesting the passes.
8. If you want verification that this request has been received, include your e-mail address in the space provided along with your signature(s).

NAME OF HIGH SCHOOL \_\_\_\_\_

STATE EVENT \_\_\_\_\_

NEWSPAPER STUDENTS

(print or type)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Newspaper Advisor Signature  
(for newspaper passes)

\_\_\_\_\_  
(E-mail for verification)

YEARBOOK STUDENTS

(print or type)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Yearbook Advisor Signature  
(for yearbook passes)

\_\_\_\_\_  
(E-mail for verification)

\_\_\_\_\_  
School Administrator's Signature  
(principal, assistant principal, athletic/activities director)

**FILL OUT ONE FORM FOR EACH STATE ATHLETIC EVENT  
(Make Copies of This Form for Additional State Events).**