

KEYSTONE LOCAL SCHOOL DISTRICT

PARENT/GUARDIAN

PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT: _____

GRADE: _____

DATE OF BIRTH: _____

Please fax the following records to Keystone Elementary School at (440)355-4240, email to kerri.johnson@keystone.k12.oh.us or mail to 531 Opportunity Way LaGrange, Oh 44050. If you need to contact us our phone number is 440-355-2300.

- _____ Health Records
- _____ Grades to date of withdrawal
- _____ Previous Year's Grades
- _____ Test Results – OAA, Krall, Screening, Any other State Testing
- _____ IEP (if applicable)
- _____ ETR (if applicable)
- _____ 505 (if applicable)
- _____ Attendance records
- _____ Any other pertinent information
- _____ ALL OF THE ABOVE

This is to certify that Keystone Elementary School has my permission to request the above information from:

Date

Parent's or Guardian's Signature