

# KEYSTONE LOCAL SCHOOL DISTRICT

## PARENT/GUARDIAN

### PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Please fax the following records to **Keystone Elementary School** at (440)355-4240, email to: [renee.cuson@keystoneschools.org](mailto:renee.cuson@keystoneschools.org) or [christina.magel@keystoneschools.org](mailto:christina.magel@keystoneschools.org) 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 – KRA Screening, any other State Testing
- \_\_\_\_\_ IEP (if applicable)
- \_\_\_\_\_ ETR (if applicable)
- \_\_\_\_\_ 504 (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 or Guardian Signature