

KEYSTONE HIGH SCHOOL
TRANSCRIPT/RECORDS RELEASE FORM

I hereby grant permission for release of the following records which concerns the Academic standing of:

Name - _____

Name of Graduate – please print

Please check all to be enclosed:

_____ TRANSCRIPT

_____ ACT/SAT

_____ COUNSELORS PAGE

_____ # OF LETTERS OF RECOMMENDATION

_____ APPLICATION & FEE

_____ # OF ESSAY(S)

_____ OTHER _____

_____ Name of institution to receive transcript	
_____ Address of institution to receive transcript	
_____ Date	_____ <u>Signature</u> (Parent/guardian must sign if under 18)
_____ Year of Graduation	College Application done On-Line _____ YES _____ NO
Contact Phone Number _____	

Office Use Only

Date Sent: _____ Initials: _____

Keystone High School
580 Opportunity Way
LaGrange, OH 44050
440-355-5132
440-355-6017 (FAX)

Transcript request procedure:

When completing the transcript release form be sure to PRINT your name the way it was when you graduated, indicate exactly where we are mailing the transcript too in the space provided and fill in the rest of the information requested. Please be sure to sign the form. (We cannot release a transcript without the person's signature)

Once the form is complete, you can fax (440.355.6017), mail or drop it off at Keystone High School, 580 Opportunity Way, LaGrange, OH 44050. Your request will be typically be processed within 3 business days.