

**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@keystoneschools.org](mailto:kerri.johnson@keystoneschools.org) or [teresawheland@keystoneschools.org](mailto:teresawheland@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)
- \_\_\_\_\_ 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