



KEYSTONE LOCAL SCHOOL DISTRICT

PARENT/ GUARDIAN/ ADULT  
PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

Please send the following records to Keystone High School:

- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Transcript of grades (please FAX a copy and mail an Official to KHS)
- \_\_\_\_\_ Grades to date of withdrawal
- \_\_\_\_\_ Test results – OGT, Proficiency or State Testing
- \_\_\_\_\_ Individual Educational Plan (IEP)
- \_\_\_\_\_ Psychological (evaluation & testing, ETR)
- \_\_\_\_\_ Individual Career Plan
- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ Any other pertinent information
- \_\_\_\_\_ ALL OF THE ABOVE

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT’S OR GUARDIAN’S SIGNATURE

**Keystone Board of Education**  
301 Liberty Street  
PO Box 65  
LaGrange, Ohio 44050  
Phone: 440-355-5131  
Fax: 440-355-6052

**Keystone High School**  
580 Opportunity Way  
LaGrange, Ohio 44050  
Phone: 440-355-5132  
Fax: 440-355-6017

**Keystone Middle School**  
301 Liberty Street  
PO Box 65  
LaGrange, Ohio 44050  
Phone: 440-355-5133  
Fax: 440-355-6678

**Keystone Elementary School**  
301 Liberty Street  
PO Box 65  
LaGrange, Ohio 44050  
Phone: 440-355-5134  
Fax: 440-355-6676