



Authorization for Release of School Records

To: _____
Name of Previous School Phone _____ Fax _____
_____ Address _____ City, State, Zip _____

The following student has enrolled in the Kenston Local School District. You are authorized to release the records of the following student:

Student's Name (Print) _____ *Date of Birth* _____ *Grade* _____

Parent/Guardian Signature _____ *Date* _____

The release has been granted for the following specific records:

Academic Records

- *Health & Immunization Records
- *Grades to Date of Withdraw
- *Transcript/Grades (current & prior years)
- *All Standardized Test Scores
- *Other, please specify _____

Special Education Records

- *I.E.P. (Individual Education Plan)
- *I.E.P. Progress Reports
- *M.F.E. (Multi-Factored Evaluation)
- *Psychological Reports

Please send records to the school marked below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Timmons Elementary School
9595 E. Washington Street
Chagrin Falls, Ohio 44023
Phone: (440) 543-9380
Fax: (440) 543-9163 | <input type="checkbox"/> Kenston Intermediate School
17419 Snyder Road
Chagrin Falls, Ohio 44023
Phone: (440) 543-9722
Fax: (440) 543-3159 | <input type="checkbox"/> Kenston Middle School
17425 Snyder Road
Chagrin Falls, Ohio 44023
Phone: (440) 543-8241
Fax: (440) 543-4851 |
| <input type="checkbox"/> Kenston High School
9500 Bainbridge Road
Chagrin Falls, Ohio 44023
Phone: (440) 543-9821
Fax: (440) 543-9021 | <input type="checkbox"/> Kenston Special Education Dept.
17425 Snyder Road
Chagrin Falls, Ohio 44023
Phone: (440) 543-3013
Fax: (440) 543-3021 | |

Records requested by: _____ Date records requested: _____
Date records received: _____