



# KENSTON

S C H O O L S

**Kenston  
Middle School**

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**Adam Fender**  
*Principal*

**Larry J. Klimkowski**  
*Assistant Principal  
Athletic Director*

## RELEASE OF RECORDS

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

I hereby authorize Kenston Middle School to release all academic records/transcript for the above named student to:

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

I also understand that this is not an official withdrawal request.

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date of Signature: \_\_\_\_\_

1/5/2021