



RELEASE OF RECORDS TO BISHOP LEIBOLD SCHOOL

I _____, hereby authorize the following school to release the below identified student's academic and behavioral records to Bishop Leibold School, 24 South Third Street, Miamisburg, Ohio 45342.

NAME OF SCHOOL _____

NAME OF STUDENT _____

DATE OF BIRTH _____ GRADE _____

STUDENT ADDRESS _____

By signing this request for transfer, I relieve the school which the above-named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as identified by PL930380 any amendments thereto).

PARENT SIGNATURE _____

DATE _____

Please send records to:

Danielle Gibson: dgibson@bishopleibold.org (preferred)

Fax: (937) 436-3048

6666 N Springboro Pike Dayton, OH 45449