

East Campus
6666 Springboro Pike
Dayton, OH 45449
937 / 434-9343
Fax 937 / 436-3048



West Campus
24 South Third Street
Miamisburg, OH 45342
937 / 866-3021
Fax 937 / 866-5680

This form is provided by Bishop Leibold School for the purpose of releasing your child's school records (yours if you are eighteen or older).

NAME OF CHILD _____

DATE OF BIRTH _____ GRADE _____

CHILD'S ADDRESS _____

I hereby authorize Bishop Leibold School to release the above child's records to:

NAME OF SCHOOL _____

SCHOOL ADDRESS _____

STATE & ZIP _____

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 defined by PL930380 and any amendments thereto).

SIGNATURE OF PARENT

DATE