



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, 6666 N Springboro Pike Dayton, OH 45449.

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). These records include any of the following documents if applicable to the student:

- Current IEP and ETR
- RTI Information
- Behavior Plan information
- Progress Reports
- Diagnostic Assessment Data
- Student Enrollment
- State Testing Scores
- Attendance Records
- FBA Records
- BIP Records
- Standardized Assessment data
- Classroom performance/data
- Current custody documentation/parenting agreements

Parents- please check here _____ if your student has a medical diagnosis that Bishop Leibold should be made aware of so we can work with you to connect with your medical provider.

PARENT SIGNATURE _____

DATE _____

Please send records to:

Megan Slemker- mslemker@bishopleibold.org (preferred)

Fax: (937) 436-3048

6666 N Springboro Pike Dayton, OH 45449