



Morgridge Academy

Academic Release of Information

1400 Jackson Street
Denver, Colorado 80206
303.398.1102 (main office)
303.270.2522 (fax)

Reference: _____
(Your child's name)

Date of Birth: _____

I, _____, hereby authorize

(Home School Name, Name of District)

(Home School Address)

to release the following information concerning school records to Morgridge Academy -
National Jewish Health:

- ☐ Attendance Records
- ☐ Immunization Records
- ☐ Copy of Birth Certificate
- ☐ SASID Number: _____
- ☐ Report Cards with teacher comments
- ☐ Any/All Evaluations (Cognitive, Psychological, Educational, Physical, Emotional, etc.)
- ☐ State Assessment Scores
- ☐ District Assessment Scores
- ☐ **Individualized Education Program (IEP)**
- ☐ READ Plan (if applicable)
- ☐ Behavior Records (if applicable)
- ☐ 504 or other Health Care Plan (if applicable)
- ☐ Any/All Other Educational Records

Signature: _____

Date: _____