



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: \_\_\_\_\_