



**Morgridge Academy**  
**Academic Release of**  
**Information**  
303-398-1103

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 my son's/daughter's school records to Morgridge Academy:

- 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 (PARCC, CMAS)
- District Assessment Scores (AimsWeb, MAPS, iReady, DIBELS, etc.)
- 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: \_\_\_\_\_