



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
- Any/All Evaluations (Cognitive, Psychological, Educational, Physical, Emotional, etc.)
- CSAP Scores

- Individualized Education Program (IEP)**
 - ILP (Individualized Literacy Plan)
 - Individual Behavior Plan
 - 504 (Health Care Plan)
 - Any/All Other Educational Records

Signature: _____ Date: _____

Witness: _____ Date: _____