



JORDAHL ACADEMY

Challenge. Choice. Change.

High School Consent to Release Educational Data

Student Information

Student Last Name	First Name	Middle Name
Gender	Date of Birth	Grade Level

Previous School Information

Name of School/Organization	City, State	
Phone	Fax	Email

I authorize Jordahl Academy to obtain official school records, please include ALL of the following:

- Transcript, exit grades (if applicable), birth document, student schedule.
- Academic Assessments: MAP, DIBELS, MCA, MTAS, ACCESS test scores.
- Attendance Data: days absent and truancy records.
- Medical & Health Records: vaccination history and other health records, if applicable.
- Special Education Records including; current IEP, assessment reports, evaluation reports.

Parent/Guardian Signature	Date
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Records or questions should be emailed to Sarah Zdenek, Jordahl Academy Director of Academics, zdenek@jordahlacademy.org.