

Breck School 123 Ottawa Avenue North Golden Valley, MN 55422 Registrar Fax: 763.381.8131 Email: carrie.papillon@breckschool.org

www.breckschool.org

Authorization to Release Student Records

Student Name (please print)		Breck Graduation Year/Current Grade	
		hereby authorizes Breck School to release the following records:	
	☐ Breck Transcript ☐ Health Records ☐ Other (please specify)		
to:	Contact Name	School Name (if appropriate)	
ption	— □ via US Mail:Address		
Please select one option	City/State/Zip		
Pleas			
Signa	ture	Date	
Regist	trar/Designee Signature		