

Breck School 123 Ottawa Avenue North Golden Valley, MN 55422 Registrar Fax: 763.381.8131

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www.breckschool.org

Authorization to Release Student Records

Student Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY):	Grad	uation Year:
Email address:	Phone Number:	
Purpose for records request:		
☐ School Transfer ☐ Employer	☐ Summer Program ☐ C	Other
Records requested to be released: ☐ Breck Transcript ☐ Immuniza	ation Records □ Other	
Official transcripts need to be sent	directly from Breck to college	organization/employer/etc.
Please indicate how you would pr ☐ Mail ☐ Email ☐ Fa: Name of Recipient/Organization:	x □ Pick Up	
Email:	Fax Number:	
I hereby authorize Breck School to	release the requested records	to the address(es) listed above.
Signature:		Date:
(Student or parent/g	uardian if under 18)	
FOR COLLEGE OFFICE USE ONLY Date Received Date Se	ent	Initials
But oc		