



Authorization to Release Student Records

Parent/Guardian: Please complete this form and submit it to your child's current school.

To:

Current School

School Street Address

City / State / ZIP

I hereby authorize you to release the transcript of grades/teacher comments and all available test data for:

Student Name

Current Grade

Address

City / State / ZIP

Parent/Guardian Signature

Date

Current School: Mail or fax transcript and test data to:

Breck School
Admissions Office
123 Ottawa Avenue North
Golden Valley, MN 55422

Admissions Office Fax #:
763.381.8288