

AUTHORIZATION TO RELEASE INFORMATION

Parent(s)/Guardian(s) Names: _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

I confirm that I have listed below all tenants **(including all adults and children)** residing in the leased property. I am also providing below the name, address and phone number for the owner/landlord of said leased property. I understand that by signing below, I hereby authorize the owner/landlord of the leased property to release to Muhlenberg School District and its representatives any and all information requested pertaining to my lease/rental agreement, term of lease, tenants living in the property, and any other information in order to verify that I reside in the property and am living within the boundaries of the Muhlenberg School District.

Tenants Names (First and Last): (include all adults and children)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Owner/Landlord Contact Information:

Name(s): _____

Address: _____

City, State, Zip: _____

Phone Number/E-Mail Address:

Printed Name: _____

Signature

Date

Printed Name: _____

Signature

Date