



WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334 610-892-3470 X 1506

RELEASE OF INFORMATION REGARDING RESIDENCY

For purposes of verifying residency within the Wallingford-Swarthmore School District,

I, _____ give authorization to _____
(Name(s) of Tenant) (Name of Landlord/Apt. Complex)

to confirm the Rental Agreement for the below noted property as current and active. Additionally, a copy of the Rental Agreement may be sent directly to Wallingford-Swarthmore School District via US Mail, Fax, and/or Internet transmission upon request.

This release is for Street Address _____
City _____
Apartment/Unit Number _____

Name of Landlord/Complex _____
Telephone Number _____

Signature of Tenant _____ Date _____