



RENTER AUTHORIZATION FOR RELEASE OF INFORMATION

Not Applicable
Initial

Landlord's Name _____		
First		Last
Landlord's Address _____		
Street Number	City/State	Zip Code
Landlord's Phone No. _____	Fax No. _____	

I, _____, hereby authorize _____

(Landlord or Management Company or Entity) and its agents to release any and all information regarding my rental of the property situated at _____, _____, Ohio, to the Twinsburg City School District and its employees and agents ("Twinsburg") My authorization to release information includes, without limitation, authorization for the above named Landlord or Management Company or entity to provide to the Twinsburg City School District a copy of my lease and a list of the people authorized to reside with me at the above referenced property.

Renter's Signature

Print Name: _____

Date: _____