



**RENTER AUTHORIZATION FOR RELEASE OF INFORMATION**

Student Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Property Manager/Landlord _____
Property Name _____
Property Manager Phone Number _____
Property Manager Email Address _____

I, \_\_\_\_\_ (Parent/Guardian)

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  
\_\_\_\_\_ (Address)

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: \_\_\_\_\_