



## Residency Confirmation Authorization

Parent/Guardian Name	Primary Phone		
Student Name	Secondary Phone		
Address	City	State	Zip

***I authorize the exchange of verbal and written communication between Anne Arundel County Public Schools and the designated homeowner, property management company, landlord or leaseholder for the purpose of verifying my residence.***

Name of homeowner, property management company, landlord, or leaseholder	Primary Phone No.	Secondary Phone No.
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Signature of Parent/Guardian

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Date