



Groveport Madison Schools District Service Center

4400 Marketing Place, Suite B
Groveport, OH 43125
614-492-2520

Residency Verification

Residency Verification is part of our Enrollment process and must be completed before your appointment. The Rental Agent will be contacted to verify this document.

By signing below, I give Groveport Madison Local Schools my consent to use any legal means to verify my residency. I hereby give my permission for release of information concerning my residency from employers, realtors, rental offices, and my utility providers.

Street Address	City	Zip
----------------	------	-----

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
---------------------------------	------------------------------	------

Printed Name of Lease Holder	Signature of the Lease Holder	Date
------------------------------	-------------------------------	------

(Rental Agent Use Only)

As Rental Agent of the above residence, I am aware and give my permission for this family to be living with the Lease Holder at the address listed above.

Printed Name of Rental Agent	Signature of Rental Agent
------------------------------	---------------------------

Rental Agent Phone Number	Date
---------------------------	------

Please list all occupants who have been approved to be living with the Lease Holder:



Groveport Madison Schools District Service Center

4400 Marketing Place, Suite B
Groveport, OH 43125
614-492-2520

Residency Verification

Residency Verification is part of our Enrollment process and must be completed before your appointment. The Mortgage Holder will be contacted to verify this document.

By signing below, I give Groveport Madison Local Schools my consent to use any legal means to verify my residency. I hereby give my permission for release of information concerning my residency from employers, realtors, rental offices, and my utility providers.

Street Address City Zip

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

(Mortgage Holder Use Only)

As Mortgage Holder of the above residence, I am aware and give my permission for this family to be living with me at the address listed above.

Printed Name of Mortgage Holder Signature of Mortgage Holder

Mortgage Holder Phone Number Date

Please list all occupants who have been approved to be living with the Mortgage Holder:
