



Gateway School District
AUTHORIZATION FOR VERIFICATION OF ADDRESS
RELEASE OF INFORMATION AGREEMENT

(The information contained in this form will only be used in cases where additional verification of residency is needed or if fraudulent information is suspected.)

(Parent or Legal Guardian will print his/her name and address)

I, _____, do hereby give the Gateway School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer Name and Phone Number: _____
Employer Address: _____
3. Welfare Agency or Related Health Services Agencies
4. Bureau of Motor Vehicles
5. Child & Youth Services
6. Keystone Collections (Monroeville EIT Service)
7. Name of Current Landlord, Address, and Phone Number

Signature of Registering Parent/Guardian: _____

Address of Parent/Guardian: _____

Phone Number: _____ Date: _____