



**Consent to Release of Leasing Records
Pursuant to All Residency and Residency Affidavits**

I recognize that enrollment in Farmington Public Schools is limited to qualified residents of the Farmington Public School District. Therefore, I authorize my landlord, landlord’s agent, landlord’s employee, or landlord’s management company to release any and all leasing information requested by a representative of Farmington Public Schools to that representative including evidence that I reside on the premises, copies of lease agreements, and termination thereof including eviction notices.

This release applies to all rental agreements including, but not limited to, apartments, condominiums, motel, hotel, and Extended Stay.

Such information shall be used to establish residency in compliance with applicable Michigan Law and the Farmington Public Schools Policies and Procedures Manual.

Printed Name of Tenant or Lessee(s): _____

Signature of Tenant or Lessee: _____

Printed name of Landlord or Apartment Complex: _____

Phone #: _____ Address: _____

City: _____ Zip: _____

Other Occupants at Same Address

Relationship to Lessee

_____	_____
_____	_____
_____	_____
_____	_____

The above information is true to the best of my information, knowledge, and belief; and I consent to the release of the records set forth above.

Signature of Lessee(s) Signature of Lessee(s)

Witness: _____
Principal/Secretary