



# THE LAMPHERE SCHOOLS

31201 Dorchester, Madison Heights, MI 48071 • Phone: (248) 589-1990 • Fax: (248) 589-2618

## CONSENT TO RELEASE OF LEASING RECORDS PURSUANT TO ALL RESIDENCY AND RESIDENCY AFFIDAVITS

I recognize that enrollment in Lamphere Schools is limited to qualified residents of the Lamphere School District. Therefore, I authorize my landlord, landlord's agent, employee, or my landlord's management company to release any and all leasing information requested by a representative of Lamphere 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, homes, condominiums, motels, hotels and Extended Stay.

Such information shall be used to establish residency in compliance with applicable Michigan Law and the Lamphere School Board Policies and Procedures.

Printed Name of Tenant / Lessee(s): \_\_\_\_\_

Signature of Tenant / Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Landlord or Apartment Complex: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Occupants at Same Address

Relationship to Lessee

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____