



Hilliard City School District

John Marschhausen, Ph.D., Superintendent • Brian W. Wilson, Treasurer/CFO

Residency Verification Release

Leaseholder's Name: _____

Address: _____ City/Zip: _____

Phone Number: _____

Lease begins (date): _____ Lease ends (date): _____ Month-to-month _____

Landlord/Rental Agent's Name: _____

Landlord's Phone Number: _____

Landlord's Address: _____ City/Zip _____

I, _____, hereby allow Hilliard City Schools to contact my landlord/rental agent/property manager in order to verify my, and my student's residency at the address of record with the District, both at the time of enrollment and/or at any time during my child's enrollment. I understand that lack of proper proof of residency or falsification of information provided may result in my student's withdrawal from Hilliard City Schools.

Parent/Guardian Signature: _____ Date: _____

Student(s):

(Name) (grade)

(Name) (grade)

(Name) (grade)

(Name) (grade)

(Name) (grade)

(Name) (grade)

Ready For Tomorrow

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www.hilliardschools.org