

MARPLE NEWTOWN SCHOOL DISTRICT
26 Media Line Road Rm-110
Newtown Square, Pennsylvania 19073
Phone: 610-359-4260 **Fax: 610-325-6839**

AUTHORIZATION AND VERIFICATION AGREEMENT

I, _____, do hereby give Marple Newtown School District
(Print Name)
authorization to contact any or all of the following to verify residency,
dependency, and/or authenticity of information given on the Multiple Occupancy or
Affidavit Form dated _____ bearing my signature, should a question arise
during the Student Registration Application process:

- Utilities
- US Postal Service
- Bureau of Motor Vehicles
- current or previous landlord
- employer and Internal Revenue Service.

Signature

SWORN AND SUBSCRIBED TO THIS DAY

Social Security #
(Optional – To be used for identification purposes only.)

Notary Public

Address

Telephone #