

Lexington/Richland School District Five

General Consent Form

I hereby authorize Lexington/Richland School District Five, to verify my address for the purpose of enrolling the child(ren) or so they may remain enrolled. I further authorize the following specific establishments, but **do not limit** the authorization to release information these companies: SCE & G, Mid-Carolina Electric, City of Columbia, Bellsouth, Time Warner Cable, etc.

The information obtained by Lexington/Richland School District Five is only to be used by Lexington/Richland School District Five for verification purposes.

A photographic or FAX copy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original.

Your prompt reply is appreciated.

Resident	Date
----------	------

Resident	Date
----------	------

Resident	Date
----------	------