

Mount Union Area School District
603 North Industrial Drive
Mount Union, PA 17066
(814)542-8631
Fax (814)542-8633

RESIDENCY AFFIDAVIT 24PS §13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, _____, currently reside at
(Resident's Name)
Address _____
Twp/Boro _____
Telephone Number _____ Work Number _____

Homeowner's Verification

Homeowner's name _____ Telephone Number _____

Approval has been granted for _____ who reside with
(Childs Name)
_____, at the address identified above.
(Resident's Name)

Homeowner's signature _____ Date _____

Landlord Verification

Landlord's name _____ Telephone Number _____

Approval has been granted for _____ who reside with
(Childs Name)
_____, at the address identified above.
(Resident's Name)

Landlord's signature _____ Date _____

Through my notarized signature, I/We grant the school district, permission to investigate the above information that I/We have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized _____

Date _____

Any willful false statement made above shall be a misdemeanor of the third degree.
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