



I authorize school district officials to contact _____
(case worker/shelter staff/other) at _____ to obtain
further information in order to verify the information contained in this affidavit and in order to
coordinate necessary services.

I declare under penalty of perjury under the laws of Connecticut that the information provided is true
and correct and of my own personal knowledge. I understand that giving false or otherwise untrue
information on this form could result in a criminal charge of perjury being brought against me.

AFFIANT,

Signature of Affiant

Print Name of Affiant

Subscribed and sworn to before me

this _____ day of _____, 20_____.

Notary Public