





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 for the student.

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