

INFORMATION RELEASE

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the** following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the School Administrative Office.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Athletic Department.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with my students classroom teacher.

If you checked yes to any or all of the boxes above, fill out the information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

For more information, you may call the Food Services Director at 303-838-7666 X1247