

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian:

With your permission, your Application for Educational Benefits payment type may be shared with the programs that you identify.

- Yes! I DO want school officials to share information from my Application for Educational Benefits with the following programs:

If you checked yes to the box above, fill out the information below. Your information will be only shared with the programs and child(ren) names you list.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

- No, I DO NOT want school officials to share information from my Application for Educational Benefits.

For more information, you may call Shauna Ahonen, Food & Nutrition Secretary at 218-327-5771.

Return this form to: Food & Nutrition, 800 Conifer Drive Grand Rapids MN 55744.

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