

# WAIVER OF CONFIDENTIALITY

## Sharing Information with Other Programs

Dear Parent/Guardian:

With your permission, your school meals payment type on your Free and Reduced-Price School Meals Application may be shared with other programs.

- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the following programs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- No, I DO NOT want school officials to share information from my Free and Reduced-Price School Meals Application.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you listed.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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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