

## CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

**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.**

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

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

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

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

**If you checked yes to any or all of the boxes above, fill out the form 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: \_\_\_\_\_

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For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

*This institution is an equal opportunity provider.*