



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced Meal Price Application may be shared with other programs for which your child(ren) may qualify. For the following program, we must have your permission to share your information (only their status will be shared). Sending in this form will not change whether your child(ren) receives free or reduced price meals.

Yes, I **DO** want to share information from my Free and Reduced Price School Meal Application with:

_____.
Program

If you checked yes, 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 program listed above.

Student's Name: _____ Student ID#: _____

Student's Name: _____ Student ID#: _____

Student's Name: _____ Student ID#: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information regarding this program, contact: _____

Contact Person

at _____

Contact Number or Email

School Nutrition Manager Use Only:

I verify the above student(s):

_____ **has been** determined eligible for free or reduced price meals under the National School Lunch Program and Breakfast Program during the most recent school year.

_____ **has not been** determined eligible.

SN Manager Signature: _____ Date: _____

This institution is an equal opportunity provider.