

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduce-price meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduce price meals.

Please complete below by indicating what programs you are allowing eligibility status to be shared with, for each child.

School Year: _____

| | | |
|----------------------------|-------------------------|---|
| Child's Name: _____ | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: _____ | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: _____ | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: _____ | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Signature of Parent/Guardian: _____ **Date:** _____
E-Mail Address: _____ **Phone:** _____

USDA is an equal opportunity provider and employer.