Washington Office of Superintendent of
Washington Office of Superintendent of PUBLIC INSTRUCTION

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User Authorization for USDA Foods Ordering

Complete and return to Child Nutrition Service	es (CNS) the following form if this is	a NEW or UPDATED us	New Ser request. Update
·	(Opadio
Local Education Agency Name:			
understand that the use of the user name an original signature for purposes of official docu		nild Nutrition Services We	b site is equivalent to an
By using the user name and password, I certif CFR 210, 225, and 250.	fy that the information transmitted is	s complete and accurate	per federal regulations 7
l accept responsibility to maintain the integrity another individual, I understand that I will be Nutrition Services.			
If I believe that my user name and password he assigned a new password.	nave been compromised, I will notif	y OSPI Child Nutrition Se	ervices immediately and
If the ultimate responsibility for submitting USI	DA Foods ordering is no longer mir	ne, I will notify OSPI to te	rminate my access.
			Assigned Responsibility
PRINT USER NAME AND TITLE	E-MAIL ADDRESS	PHONE	Order USDA Foods
SIGNATURE	DATE	FAX	View Only
I HEREBY AUTHORIZE THE INDIVIDUAL L		A FOODS OR VIEW INFO	ORMATION
ELECTRONICALLY. THE DESIGNATED O	FFICIAL MUST COMPLETE THIS	SECTION.	
		Phone Num	ber
Printed Name of Designated Official		Title	
Signature of Designated Official		Da	ate
Only use this section if you are designatin Foods on your behalf.	g a Food Service Management C	company (FSMC) repres	sentative to order USDA
Name of Contracted Food Service Management C	ompany Contact		Assigned Responsibility
			Order USDA Food
PRINT NAME AND TITLE	E-MAIL ADDRESS	PHONE	products
SIGNATURE OF FSMC REPRESENTATIVE	DATE	FAX	View Only
I HEREBY AUTHORIZE THE INDIVIDUAL L ELECTRONICALLY. THE DESIGNATED O			ORMATION
		Phone Num	ber
Printed Name of Designated Official		Title	
Signature of Designated Official		Dat	e

Return to: Email fooddistribution@k12.wa.us

FORM SPI 1568 (Rev. 10/22)

Fill out this section if you are reassigning a new delivery contact for your USDA food program.

RINT NAME AND TITLE E-MAIL ADDRESS PHONE IGNATURE DATE FAX HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION. Phone Number Printed Name of Designated Official Title Signature of Designated Official Date TERMINATION OF ACCESS Ferminate: Name of person whose access will be terminated Requested by: Name of person authorizing USDA Foods access termination Pate Date Date Date Date Pate Name of person whose access will be terminated Requested by: Name of person authorizing USDA Foods access termination Pate Name of person whose access will be terminated Requested by: Name of person authorizing USDA Foods access termination Date Name of person whose access will be terminated Requested by: Name of person authorizing USDA Foods access termination			
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