

## CONSENT TO SHARE INFORMATION WITH ATHLETIC AND ACTIVITY PROGRAMS

Dear Parent/Guardian:

To save you time and effort in qualifying for a fee waiver, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. However, we must have your permission to be able to share this information. Submitting or not submitting this form will not change whether your children get free or reduced-price meals.

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

Please check the box if you would like to share information with the following departments:

YES, I want school officials to share information from my Free and Reduced-Price School Meals Application shared with Activities/Athletics Departments for reduced sports user fees.

If you have questions about your Free and Reduced-Price School Meals Application, you may contact Nutrition Services at 313-1190.

If you checked YES in the box above, fill in the information below. Your information will be shared only with the Activities/Athletics programs.

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

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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