

**Parental Release of Information Form  
CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION**

If you qualify for free or reduced-price meals, you may be eligible for access to decreased/waived fees for extra-curricular school programs.

This form is optional. Answering yes/no and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Your answer authorizes release of name and eligibility status only, no other information or demographic information is allowed to be shared. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

This information will be utilized to determine your child's access to decreased/waived fees for extra-curricular school programs.

**School Year:** 2021-22

**School Name:** \_\_\_\_\_

**Student Name (Print):** \_\_\_\_\_

I authorize release of eligibility status for the purpose of determining access to decreased/waived fees for extra-curricular school programs:    YES \_\_\_\_            No \_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please return Free/Reduced Meal Application to your Child's Home School or Nutrition Services  
2715 Lilac Longview, WA 98632, fax 360-575-7174, or email [ajohnson2@longview.k12.wa.us](mailto:ajohnson2@longview.k12.wa.us).**