

## CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS (2024-2025)

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Dear Parent/Guardian:

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. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

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

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Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[name of program specific to your school]**.

Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[name of program specific to your school]**.

Yes. I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

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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For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form with your school meal application to: **[address]**.

*This institution is an equal opportunity provider.*