

CONSENT TO SHARE INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced price meals.

This consent authorizes Columbia Public Schools to release and/or obtain records or information as identified below. The agency/institution/individual listed below must maintain the confidentiality of the records/information.

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools, Nutrition Services.
- takes effect the day I sign it and is valid for one year.

I further understand:

- That any records or information received by the school district from another agency/institution/individual may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records and information protected by the Family Educational Rights and Privacy Act (FERPA). See page 2 of this release for more information about FERPA and HIPAA.
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

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

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with _____

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

If you checked yes to any or all of 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: _____

For more information, you may call **Nutrition Services** at **573-214-3480**.

Return this form to: Nutrition Services, 1818 W. Worley St. Columbia, MO 65203 or lunch@cpsk12.org

This institution is an equal opportunity provider.