



## SHARING INFORMATION WITH OTHER PROGRAMS 2024-2025

Dear Parent/Guardian:

To save you time and effort, the information you provided on you Household Income Survey, may be shared with other programs for which your children may qualify for a reduced rate. For the following programs, we must have your permission to share your information. Form should be returned to **Stamford Public Schools, 888 Washington Blvd., 5<sup>th</sup> Floor, Stamford, CT 06901, Attn: Audrey Way.**

- Yes! I **DO** want school officials to share information from my Household Income Survey with SPS personnel regarding my child(ren's) **PSAT/SAT/ACT/Advanced Placement Testing and College Admissions Fee Waivers.**
- Yes! I **DO** want school officials to share information from my Household Income Survey with SPS, Recreation Services and Local Athletic Programs personnel regarding my child(ren's) **Athletic/Activity Fees**
- Yes! I **DO** want school officials to share information from my Household Income Survey with SPS personnel regarding my child(ren's) **Instrument/ChromBook Rental.**
- Yes! I **DO** want school officials to share information from my Household Income Survey with Local food and clothing bank personnel regarding my child(ren's) **Food/Clothing.**
- No! I **DO NOT** want school officials to share information from my Household Income Survey.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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 **Audrey Way** at **(203) 977-1177** or e-mail at **away@stamfordct.gov.**