

**Consent for Disclosure
Sharing Information with Other Programs**



Dear Parent/Guardian:

If your student(s) qualify for free/reduced price meals and you wish to have their eligible student fees waived, this form must be completed every year.

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information. Please indicate your preferences using an “x” or checkmark.

Yes, I DO want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.

| | |
|--|--|
| <input type="checkbox"/> <u>Activity Trip Transportation</u> | <input type="checkbox"/> <u>Activity Tickets</u> |
| <input type="checkbox"/> <u>Instructional Resources</u> | <input type="checkbox"/> <u>Graduation Fees: Cap and Gown</u> |
| <input type="checkbox"/> <u>Instrument Maintenance Fees</u> | <input type="checkbox"/> <u>Device Fee</u> |
| <input type="checkbox"/> <u>Participation Fess</u> | <input type="checkbox"/> <u>Scholarships and/or Internships</u> |
| <input type="checkbox"/> <u>Co-Curricular Fees</u> | <input type="checkbox"/> <u>Course Fees, excl. LVS Summer School</u> |

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: _____

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Child’s Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call or email the Nutrition & Wellness Department:

(785) 832-5000, fs.office.staff@usd497.org

Return this form to your school or the business office at 110 McDonald Dr. Lawrence, KS 66044

This institution is an equal opportunity provider.