Instructions: The School Food Authority will complete this form and follow the procedures outlined in REG. SUPTS. MEMO NO. 3 dated June 1, 2001 when an office/agency/program (Federal Education, State Education, State Health) requests the release of student meal eligibility status.

Memorandum of Understanding (MOU) Agreement of Disclosure of Confidentiality Free and Reduced Price Meal Eligibility

The **Child Nutrition Program** (School Food Authority) authorizes _____ (Office/Agency/Program)

to receive and use eligibility information furnished by households on applications for free/reduced meals to use for the purpose of: _____

The receiving office/agency/program agrees to protect the confidentiality of the student's eligibility as follows: (Describe): Keeping the information in a locked secured location and shredding the information after use.

The receiving office/agency/program ensures that:

- The eligibility information can be used only for the specific purpose stated in this application.
- Access to information will be given only to persons who are directly connected with the administration or enforcement of the program stated in this request.
- The eligibility information will be handled in a manner that protects the household's confidentiality.
- Any additional or follow-up information from the household not allowed in this release must be obtained by the receiving agency/program directly from the household.
- The responsibility for the accuracy of information contained on the application rests with the household who provided the information. Note: The school division verifies a sample of applications each year.

By signing below, the parties verify their understanding that any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by federal law or regulation, any information about a child's eligibility for free and reduced price meals or free milk may be fined up to $1,000 or imprisoned for (1) year or both.

_____ _____

Print Name and Title of Person Receiving Information — Date

_____

Signature of Person Receiving Information

_____

Receiving Office/Agency/Program

Christina Pitsenberger

Print Name and Title of Person Releasing Information

_____ _____

Signature of Person Releasing Information — Date