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

Dear Parent/Guardian:

**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.

☐ **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. This does not apply to optional purchases or class fees for middle and high school students

☐ 25-26 Textbook/Technology/Pay to Play Sports/Orchestra Rental Fees/Standardized Test

☐ 25-26 Transportation Fees

☐ \_\_\_\_\_

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. You can list all your children on one form.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

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 or e-mail:

School Official's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Return this form to the address below by \_\_\_\_\_.

Address: \_\_\_\_\_

This institution is an equal opportunity provider.