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ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
Odessa, Texas  
PARENT/GUARDIAN CONSENT FORM  
for the DISCLOSURE of  
SCHOOL MEAL PROGRAM INFORMATION

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My signature below authorizes the Ector County Independent School District to disclose the following free and reduced-price meal program information (check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Student name        | <input type="checkbox"/> Student meal program eligibility status |
| <input type="checkbox"/> Number in household | <input type="checkbox"/> Household address                       |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____                             |

Only for the purpose(s) listed below:

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I understand that failing to sign the consent statement will not affect eligibility or participation for the program and that the receiving program/agency has agreed not to share the information with any other entity or program.

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Signature of ECISD Director of Food Services

Date

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Signature of Authorized Official of Requesting Entity

Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) USDA is an equal opportunity provider and employer.