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ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
Odessa, Texas  
AGREEMENT for DISCLOSURE of  
SCHOOL MEAL PROGRAM INFORMATION

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The \_\_\_\_\_ hereby requests the following  
Free and reduced-price meal program information (check all that apply):

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|--|--|
| <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 _____                             |

To be used only for the purpose(s) listed below:

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The receipt of this information, noted above, additionally agrees to:

- a) minimize access to this information to the practical minimum number of personnel need to accomplish the task(s) list above:
- b) NOT make any copies of the information provided, and
- c) return the original documents to the Food Services Department or to have such documents shredded, or otherwise made unreadable, at the end of the program use(s) listed above.

This agreement does not remove or diminish any requirement for written consent from the parent/guardian prior to the disclosure of the information.

It is acknowledged that further use or disclosure, of the information received, to other parties is prohibited. A violation of this agreement may result in a fine of not more than \$1,000 or imprisonment of not more than one year or both.

The signature of the ECISD Representative, below, signifies that the information is discloseable and will be made available to the requesting program/agency when the prerequisite executed parent/guardian consent forms are received by the District.

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Signature of ECISD Director of Food Services

Date

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Signature of Authorized Official of Requesting Entity

Date