WAIVER OF CONFIDENTIALITY 2025-2026
South Washington County Schools
Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the SoWashCo fee payment system, Affinety, Edu Trak, Wordware and SmartschoolK12.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ **School:** _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Email: _____ Phone: _____

Return this form to: Colleen Reimer creimer1@sowashco.org or Fax **651-425-6312**. For more information or questions, contact Colleen Reimer by email or phone at 651-425-6280.

SoWashCo SCHOOLS

This institution is an equal opportunity provider.