

WAIVER OF CONFIDENTIALITY 2026-2027
South Washington County School District 833
Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave 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 this SoWashCo fee payment system, Affinity, Edu Trak, Wordware and SmartSchoolK12.**

If you checked yes to any or all the boxes 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: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Address: _____

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 651-425-6282. **Please note that once the form has been received, the process will take 2-3 business days to complete before you will see the discounted rate at checkout.**

*This institution is an equal opportunity provider.

