Alexandria Public Schools

Food & Nutrition Services

Janeen Peterson, SNS - Director ● 1410 South McKay Ave, Suite 201, P.O. Box 308, Alexandria, MN 56308 ● Phone: 320.762.3315 ● Fax: 320-762-2765 ● www.alexschools.org/fns

WAIVER OF CONFIDENTIALITY

SHARING INFORMATION WITH OTHER PROGRAMS SY2026-2027

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 FNS officials to share information from my Free and Reduced-Price School Meals Application with **AAHS Activities Department/Discovery Activities Department**.

☐ Yes! I DO want FNS officials to share information from my Free and Reduced-Price School Meals Application with Community Education programs for Alexandria Public School District. **Youth Enrichment Coordinator, Compass Care Coordinator and Early Education Coordinator.**

Circle all that apply.

If you checked yes to any or all of 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:_____

Child's Name:_____School:_____

Signature of Parent/Guardian:_____Date:_____

Printed Name:_____

Address:_____

City:_____State:_____Zip:_____

For more information, please call 320-762-3315 or email wsimonson@alexschools.org.

Return this form to: Food & Nutrition Services, 1410 South McKay Ave, Suite 201, PO Box 308, Alexandria, MN, 56308 or email to wsimonson@alexschools.org.

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