SHARING INFORMATION WITH OTHER PROGRAMS

2026-2027 School Year

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. Place check mark beside each program you wish to notify.**

ACTIVITY FEE WAIVER Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with Florida State University Schools Accounting Office. This BOX must be checked, and the form turned into the Food Services Office *no later than 30 days after enrollment* in order to be considered for an Activity Fee Waiver. For students who are enrolled at start of school, this form must be turned into the FSUS Cafe Office no later than October 11. Please do not fax, email, or send a copy of your approved letter. This information will be verified through the cafeteria.

EDUCATIONAL PROGRAM WAIVER Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the Administration Office to allow my child access to special educational programs. Requests must be specific to each program. This BOX must be checked in order for Free or Reduced-Price Lunch Status to be released for non-federal Educational Programs, academic fee-waiver programs and research programs when that inforn1ation is needed to permit your child to participate in the program. (Examples: FSUS sponsored research, FSU sponsored research, ACT/SAT fee waivers, FSUS scholarships, AP Testing, etc. or any fee-based testing)

EXTENDED DAY ENRICHMENT PROGRAM Yes! I DO want school officials to share infom1ation from my Free and Reduced-Price School Meals Application with the EDEP Director.

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 children listed below. Your information will be shared only with the programs you checked.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

For more information, you may call the Florida State University Schools Front Office at (850) 245-3865 or send e-mail to cafe@fsus.school. **Return form via email to cafe@fsus.school or mail entire form to: FSUS Food Services, 3000 School House Road, Tallahassee, FL 32311.**