ATTACHMENT N

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. **We must have your permission to share your information with the following programs. Sending in this form will not change whether your children get free or reduced price meals.**

☐ No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **TITLE I**.

If you checked yes to any or all of the boxes above, fill out the form 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: _____

Printed Name: _____

Address: _____

For more information, you may call **April Guinness at 603-632-5563 x3006.**

Return this form to: SAU #62, PO Box 789, Enfield, NH 03748 or drop off at your child(s) school office by October 8, 2026.

Reviewed 7/2026