Brenda Schake
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2026/2027 WAIVER OF CONFIDENTIALITY

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 **Athletics for possible fee reduction(s)**

▫ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Transportation for possible fee reduction(s)**

▫ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Little Learners Pre-K for possible fee reduction(s)**

▫ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **District Staff for possible Testing fee reduction(s)**

▫ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Community Education(s)**

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:

Signature of Parent/Guardian: Date:

Printed Name:

Address:

For more information, you may call **Brenda Schake** at **(763) 262-5141** or e-mail at **b.schake@biglakeschools.org.**

Return this form to: **Big Lake Schools, Brenda Schake, 701 Minnesota Avenue, Big Lake, MN 55309.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866)632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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1. Mail: U.S. Department of Agriculture

   Office of the Assistant Secretary for Civil Rights

   1400 Independence Avenue, SW

   Washington, D.C. 20250-9411;

2. Fas (833) 256-1665 or (202) 690-7442; or

3. Email: program.intake@usda.gove

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