WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Willmar Public Schools 2026-2027

Dear Parent/Guardian: Date:_____

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 your child's eligibility.
Per MN 124D.111 Subd. 1a; State funds are provided to schools for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge.

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **School Store Payment System.** Please note: by checking this box, eligible discounts for Sport, Activity, and AP Exam fee discounts will be applied to your account automatically.

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **School Officials in the Athletic/Activities Department for related Fees.**

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **School Officials at the Senior High for College ACT and SAT Testing fees.**

☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **School Officials for Preschool and Early Childhood Programs and Scholarships.**

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

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. (If the School Store was checked, please note that any program billed through the school store that offers eligibility discounts will be applied)

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 **Willmar Public Schools, Food and Nutrition Services** at **320-231-8526.**

Return this form to: **Your Child's School office or to WEAC:**

Willmar Public Schools
ATTN: Food and Nutrition Services
611 5th Street SW
Willmar, MN 56201

If this form is not returned, we will not be able to share your eligibility with any other school programs, which will make you ineligible for any Scholarships or Reduced Fees.

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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: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (833) 256-1665 or (202) 690-7442; or 3. Email: program.intake@usda.gov This institution is an equal opportunity provider.