



Consent for Disclosure

(Sharing Household Income Information with Other Programs)

Dear Parent/Guardian:

You do not have to sign or send in this form to get free breakfasts or lunches for you student(s). If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in any Child Nutrition Programs.

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify for additional benefits. For the programs listed below, we must have your permission to share your information.

Yes, I DO want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.

Enrollment Fee Waiver

College Entrance Exam Waiver (ACT, PSAT, SAT)

Your household’s 22-23 Free and Reduced Application AND this form must be completed within 30 days of your student’s first day of attendance for your child’s free meal benefit status to apply to these programs. Eligibility is only for households that qualify for free meals.

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: _____

Child’s Name: _____ School: _____

Child’s Name: _____ School: _____

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

Parent/Guardian Printed Name: _____

Parent/Guardian’s Mailing Address: _____

For more information regarding the Enrollment Fee Waiver program or College Entrance Exam Waiver program, contact your child’s school.

For more information regarding this Consent Form related to the Child Nutrition Program, you may call or email:

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