

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the form below. This authorizes release of name and eligibility status only, no other information or demographics is allowed to be shared.

School District Name Quincy School District
Please Return to: Return Address 119 J Street SW, Quincy 98848
School Year:School Year 2020-2021

Child's Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB/Activities	possible waiver of applicable fees
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Child's Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB/Activities	possible waiver of applicable fees
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Child's Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB/Activities	possible waiver of applicable fees
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Signature of Parent/Guardian: _____ **Date:** _____
E-Mail Address: _____ **Phone:** _____

USDA is an equal opportunity provider and employer.