

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.**

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 **School Officials for School Instructional Fees.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Officials for SAT Waivers.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Officials for ACT Waivers**

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 **Jessica Lauric** at **740-984-2497**.
Return this form to: PO Box 1149, Beverly, OH by Oct 21, 2016.

This institution is an equal opportunity provider.