

CONSENT TO

No! I DO NOT want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with [name of program specific to your school]

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with [name of program specific to your school]

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Nutrition Services at 573-214-3480.

Return this form to Nutrition Services, 1818 W. Worley St. Columbia, MO 65203 or info@cpsk12.org