

CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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 **Educational Services/ Testing Fees**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Services/ Athletics Fees**

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 **Maria Machain** at **623-932-7113** or e-mail at **mmachain@aguafria.org**

Return this form with your free and reduced application.

This institution is an equal opportunity provider.