

DISTRICT OFFICE

201 Orchard Street South Northfield, MN 55057 PH 507.663.0600 • Fax 507.663.0611 nnn.northfieldschools.org

WAIVER OF CONFIDENTIALITY

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. Please check which programs you would like your information to be shared with:

☐Yes, I DO want school officials to share information	tion from my Free and Reduced-Price School	
Meals Application with the Athletics and Activities		
field trips, activities and athletic fees.	Department for reduced feet oder as	
□Yes, I DO want school officials to share information	tion from my Free and Reduced-Price School	
Meals Application with the Guidance Counseling C		
college admission and other post-secondary opport	11.0	
Yes, I DO want school officials to share information		
Meals Application with Community Services to acc	•	
☐Yes, I DO want school officials to share information from my Free and Reduced-Price School Meals		
Application for programming opportunities identifi	ied by TORCH/Healthy Community Initiative for help	ing
my students access support services, financial resor	arces, and/or postsecondary opportunities.	
If you checked yes to any or all of the boxes above	e, fill out the form below to ensure that your informatio	n is
•	ntion will be shared only with the programs you checked	
Child's Name:		
Child's Name:		
Child's Name:		
Child's Name:	School:	
Signature of Parent/Guardian:	Date:	
Printed Name:		
Address:		

For more information, you may call Rachael Caspers, at 507-663-0621 or email at rcaspers@northfieldschools.org.

Date: October 13, 2022



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Return this form by September 1 to: Northfield Schools Child Nutrition Department 201 Orchard Street South Northfield, MN 55057

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information

requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- 2. Fax: (202) 690-7442; or
- 3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Date: October 13, 2022