

## 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 from my Free and Reduced-Price School Meals Application with the Athletics and Activities Department for reduced fees such as field trips, activities and athletic fees.
- Yes, I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the Guidance Counseling Offices for assistance in applying for college admission and other post-secondary opportunities.
- Yes, I DO want school officials to share information from my Free and Reduced-Price School Meals Application with Community Services to access program scholarships.
- Yes, I DO want school officials to share information from my Free and Reduced-Price School Meals Application for programming opportunities identified by TORCH/Healthy Community Initiative for helping my students access support services, financial resources, and/or postsecondary opportunities.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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 Rachael Caspers, at 507-663-0621 or email at

Date: July 1, 2023

rcaspers@northfieldschools.org.

Return this form by September 1 to:

Northfield Schools Child Nutrition Department

201 Orchard Street South

Northfield, MN 55057

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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:

1. 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](mailto:program.intake@usda.gov).

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