

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 with **internet service providers to obtain internet assistance during distance learning due to COVID19 pandemic.**
- 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 Stephanie DeAdder, at 507-663-0618 or email at sdeadder@northfieldschools.org.

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

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Date: April 8, 2021