

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.

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

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **COLLEGE BOARD FOR ACT/SAT WAIVERS/ AP TEST COORDINATOR AND GUIDANCE STAFF.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **COLLEGE BOARD FOR AP EXAM WAIVERS/ AP TEST COORDINATORS AND TESTING STAFF, FREE CALCULATOR RENTAL**

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: NORTH COBB HIGH SCHOOL

Child's Name: \_\_\_\_\_ School: NORTH COBB HIGH SCHOOL

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may contact your student's school.

Return this form to:

"USDA is an equal opportunity provider and employer."

**THIS FORM MUST BE RETURNED TO** Ms. Leasa Bonilla in Admin 1.