CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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. No. I DO NOT want information from my Free and Reduced-Price School Meals Application shared with any of these programs.	
If you checked yes to any or all the boxes only with the programs you checked.	above, fill out the form below. Your information will be shared
Child's Name:	School:
Signature of Parent/Guardian:	Date:

For more information, you may call Grand Canyon School Food Service at 928-638-2461 or e-mail at justinlambon@grandcanyonschool.org or acollet@grandcanyonschool.org.

Address:

Printed Name: _____

Return this form with your school meal application to: Grand Canyon Administrative Office

This institution is an equal opportunity provider.