

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. **We must have your permission to share your information with other programs. 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 other programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **MCCSC SCHOOL AGE CARE**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **MCCSC ATHLETICS DEPARTMENT**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

(write in the name of the program of your choice)

If you checked yes to any or all of the boxes above, fill in the student information 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 **Food Service** at **812-349-4762**

**Return this form to: Food Service Department
560 E. Miller Drive
Bloomington, IN 47401**