



**Office for Safety, Health and Nutrition**  
**DISCLOSURE FORM FOR SHARING INFORMATION WITH OTHER PROGRAMS**

Written parent or guardian consent is required before students' free and reduced-price eligibility information can be disclosed to local education programs – for example, students' eligibility for free text books or reduced fees for summer school.

The parent/guardian must be able to limit consent to only those programs with which he or she wishes to share information. The following consent form allows parents or guardians to check or initial a box to indicate that information from the student's Free and Reduced-Price School Meals Application may be shared with that particular local education program. Consent forms are *not* required to use the information for the Education Management Information System (EMIS).

The form must indicate the title or description of *specific* local education programs. It may not include a generic statement to include all or any local education programs.

If Sponsors choose not to use this separate form, consent statements for local education programs may be added to the Free and Reduced-Price School Meals Application. The instructions must state that a response to the additional information will not change whether the student receives free or reduced-price meals.

**Steps:**

1. Download the "Sharing Information with Other Programs" form on to your sponsor letterhead.
2. Indicate the *specific* local education programs for which the sponsor intends to use free and reduced-price eligibility information in the spaces provided. It is *not* necessary to list EMIS on the form.
3. Be sure to indicate on the bottom of the form, who to call for information and where to send the completed form.
4. Send a copy of the form to the Office for Safety, Health and Nutrition for approval.
5. Attach the form to the applications when distributing to the households.
6. Collect the forms to track which households allow the eligibility information to be shared for these additional benefits.
7. Develop an agreement between the school food service and the individuals using the information for the local education program to be sure that the information is used appropriately.

**NOTE:** If the sponsor does not know the specific local education programs it will be offering throughout the school year at the time of application distribution, the sponsor may distribute this form at any time during the school year. (Submit the form to the Office for Safety, Health and Nutrition for approval before distribution.)

This institution is an equal opportunity provider.

## SHARING INFORMATION WITH OTHER PROGRAMS

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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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- No! I **DO NOT** want information from my Free and Reduced-Price School Meals application shared with any of these 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 **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form 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 **[name]** at **[phone]**.

**Return this form to: [address] by [date]**