

**Consent for Disclosure – 2018 - 2019**  
**Sharing Information with Other Programs**

Dear Parent/Guardian:

**You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.**

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

**Yes, I DO** want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.

- Textbook, Materials and Technology Fees
- Summer School
- Activity Fee (Grades 7-12 Only)
- College Applications and Testing
- Transportation Fee

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: _____
Child’s Name: _____	School: _____
Child’s Name: _____	School: _____

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

Printed Name of Parent/Guardian: \_\_\_\_\_

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

For more information, you may call or e-mail:

School Official’s Name: Stan Vallis Phone: 785-339-4043 E-Mail: [vallista@usd437.net](mailto:vallista@usd437.net)

Return this form to the school your child attends or to the address below the day your child is enrolled.

Shuler Education Center  
5928 SW 53<sup>rd</sup> St.  
Topeka, KS 66610-9451

**This institution is an equal opportunity provider**