

**CROOK COUNTY SCHOOL DISTRICT  
SHARING FREE OR REDUCED PRICE INFORMATION  
WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

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**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

**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: (Mark each program to which you want information released.)

- Athletics
- Scholarships
- Insurances
- Testing Fees
- School and Camp Fees

**If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.**

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

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

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

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

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

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

For more information, call Mindi Nelson 541-447-5664 ext. 3005

This institution is an equal opportunity provider.
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