

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the form below. This authorizes release of name and eligibility status only, no other information or demographics are allowed to be shared.

Clarkston School District J250-185
Please return to: 1001 6th St Clarkston, WA 99403
School Year: 2020-21

Child's Name:		
Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Sports/Athletic Fees	Waived fees for student sports/athletics
<input type="checkbox"/>	ASB Fees	Waived fees for ASB clubs
<input type="checkbox"/>	College Bound	Determine eligibility for college bound scholarship
<input type="checkbox"/>	Running Start	May qualify for book waiver, admission fee waiver and other possible college fee waivers
Child's Name:		
Check to participate	Title of school program	How the shared information will be used
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<input type="checkbox"/>	ASB Fees	Waived fees for ASB clubs
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Signature of Parent/Guardian: _____ **Date:** _____

Email Address: _____ **Phone:** _____

USDA is an equal opportunity provider and employer.