SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian: Date:

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.

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **office personnel only for reduced book fees.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **office personnel only for reduced sports fees.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **office personnel only for reduced cost of PE uniforms.**
- ❑ No! I **DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed 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 **the school office at HS (715-443-2226), MAES/MVA (715-443-2538)** or e-mail our Food Service Director, Beth Lane at **blane@marathon.k12.wi.us**.

Return this form to: **Food Service Director, PO Box 37, 204 East Street, Marathon, WI 54448-0037 ASAP**.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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