

SHARING INFORMATION WITH OTHER PROGRAMS

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.**

- ACTIVITY FEE WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Florida State University Schools Accounting Office.**

This BOX must be checked and the form turned into the Food Services Office *no later than 30 days after enrollment* in order to be considered for an Activity Fee Waiver. For students who are enrolled to start school on August 15, 2016 this form must be turned into the Food Services Office **no later than October 1, 2016.** Please do not fax, email or send a copy of your approved letter. This information will be verified through the cafeteria.

- EDUCATIONAL PROGRAM WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Administration Office to allow my child access to special educational programs. Requests must be specific to each program.** This BOX must be checked in order for Free or Reduced Lunch Status to be released for non-federal Educational Programs, academic fee-waiver programs and research programs when that information is needed to permit your child to participate in the program. (Examples: FSUS sponsored research, FSU sponsored research, **ACT/SAT fee-waivers**, FSUS scholarships, AP Testing, etc. or any fee based testing)

- AFTER SCHOOL PROGRAM WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **After-School Program Director.**

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 children listed below. Your information will be shared only with the programs you checked.

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name:

Phone Number:

Address:

City:

State:

Zip Code:

For more information, you may call the **Florida High Food Services Office** at **(850)245-3865 (7:00am–3:00pm)** or e-mail: **csbarker@fsu.edu.**

Return entire application form to: FSUS Food Services, 3000 School House Road, Tallahassee, FL 32311