

Application for Waiver of Confidentiality

Prototype IX

Optional: You do not have to complete this page to get free or reduced price school meals.

Dear Parent/Guardian:

If your child (ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

Yes. School officials may release my child (ren)'s free or reduced price meal eligibility status to the Tipton City Recreation officials and/or designees to determine eligibility for fees to be reduced or waived.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child (ren). I give up my rights to confidentiality for the above marked purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child (ren) for whom application is being made.

Signature of Parent/guardian _____

Date of signature _____

Printed name of parent/guardian _____

Address: _____

Phone number: _____