

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program. Driver Education/ SAT

I understand that the information will only be provided to this program.

Name of Program (to be completed by SFA)

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk for my child. I give up my rights to confidentiality for this program.

Child/Children

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of

Parent/Guardian: _____
Print

Name: _____

Address:

Phone Number:

Date: _____