

BAY SHORE UFSD

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 programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).

State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.

Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.

Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk for my child. I give up my right to confidentiality for the program(s) checked.

Child/Children

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I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_