

# Waiver of Confidentiality

Cheney USD 268

Dear Parent/Guardian:

**You do not have to send in this form to get reduced price or free Child Nutrition Program benefits for your children.**

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No**, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes**, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits with the programs I have checked below.
  - Enrollment Fees
  - ACT Test Fees (Limit of 2 Tests)
  - 
  -

If you checked yes to any or all of the boxes above, fill out the form 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:

School Official's Name: Carolyn Riedel Phone: 316-542-3512

Return this form to the address below by \_\_\_\_\_.

Address: 100 W 6<sup>th</sup> Ave, Cheney KS 67025

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