



Sharing Free and Reduced Price School Meal Information with Other Programs School Year 2019-2020

Dear Parent/Guardian:

If you receive notification that your student(s) qualified for free or reduced price school meals, this information may be shared (with your permission) with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. It is important to know:

SCHOOL/DISTRICT FEES WILL NOT BE WAIVED UNLESS THIS FORM IS COMPLETED AND ON FILE EVERY YEAR.

Return this completed and signed form to: **School District 27J Nutrition Services, 630 South 8th Avenue, Brighton, CO 80601.**

- Yes! I **DO** want school officials to share my information to waive applicable **Athletic Fees**.
- Yes! I **DO** want school officials to share my information to waive applicable **Class/Course Fees**.
- Yes! I **DO** want school officials to share my information to waive applicable **Full Day Kindergarten Fees**.
- Yes! I **DO** want school officials to share my information to waive applicable **Technology Fees**.
- Yes! I **DO** want school officials to share my information to waive applicable **Transportation Fees**.
- Yes! I **DO** want school officials to share my information with **Medicaid/SCHIP Offices**.

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared with only with the programs you checked.

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Mailing Address: _____

For more information regarding student fees or the fee waiving process, contact your student's school.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

***** OFFICE USE ONLY—DO NOT WRITE IN THIS AREA.*****

Reviewed and Entered By: _____ Date: _____