



27J Schools  
Sharing Free and Reduced Price School Meal  
Information with Other Programs  
School Year 2023-2024

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced price school meals, this information may be shared 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 form to:  
Nutrition Services, 630 South 8<sup>th</sup> Ave., Brighton CO 80601

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- ☐ Yes! I DO want school officials to share my information to waive applicable AP Exam and/or Book fees.
- ☐ 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/Technology 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 with Medicaid/SCHIP Offices.
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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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

**Non-Discrimination Statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or **2. fax:** (833) 256-1665 or (202) 690-7442; or **3. email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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\*\*Office Use Only—Do Not write in this area.\*\*

Entered by: \_\_\_\_\_

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