WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

To save you time and effort, the information you gave on your Free and Reduced-Priced School Meals Application may be shared

Dear Parent/Guardian:

with other programs for which your children may qualify. For t your information. Sending in this form will not change whethe	the following programs, we must have your permission to share r your children get free or reduced-priced meals.
Yes! I DO want school officials to share information from WHS Athletic Department for waived athletic fees	my Free and Reduced-Priced Meals Application with:
Yes! I DO want school officials to share information from WHS Counselors for College Application Purposes	my Free and Reduced-Priced Meals Application with:
Yes! I DO want school officials to share information from Worthington Community Education for waived or red	,
If you checked yes to any or all of the boxes above, fill out the (ren) listed below. Your information will be shared only with the	form below to ensure that your information is shared for the child ne programs you checked.
Childs Name:	School:
Signature of Parent/Guardian:	
Printed Name:Address:	
For more information, you may call Tracy Kunkel at 507 372 11 Please return this form to: Worthington ISD518 1117 Marine	.06 or email at tracy.kunkel@isd518.net.

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, 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, ect.), should contact the agency (state or local) where they applied for benefits, Individuals who are deaf, hard of hearing or have speech disabilities may contract 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 or discrimination, complete the USDA Program Discrimination Complaint Form, (AD-0327) 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: May 30, 2022.

- 1.Mail: U.S. Department of Agriculture Office of the Asst. 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.