**Free & Reduced Meal Status Waiver Form**

**[District/School/Organization Name]**

**School Year: 2013-2014**

Student Name: (Last) (First) (MI)

School: Grade:

Only persons who are directly connected with the administration or enforcement of the program named below and whose job responsibilities require use of the eligibility information will have access to children's eligibility information.

The following **[District/School/Organization]** is requesting your student’s Free & Reduced meal status to be released to the following: (Example: Central’s Band, Mrs. Smith, Principal)

Name of organization Name & title of School official responsible for use and confidentiality of status information

Reason for request of information:

(Example: To provide band equipment rentals at a reduced rate)

By signing below, I authorize my student’s name and free and reduced status to be released to the above organization. You’re choice to sign or not sign this form does not affect eligibility for or participation in any **[District/School/Organization]** program and if you do not sign this form the information will not be shared by the receiving program or with any other entity or program.

Parent or Guardian Signature Date

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