

Marshall Public School District #413 develops the potential of each learner for success in a changing world.



Marshall Public Schools

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify for scholarships. For the following programs, we must have your permission to share your student's information. Sending in this form will not change whether your children receive free or reduced price meals. If you consent to one or both of the below options, please return this form to the address listed below.

- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Early Childhood Family Education**.
- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Marshall Community Services**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Jill Schroeder** at **507-929-2607** or e-mail at jill.schroeder@marshall.k12.mn.us.

Return this form to: **Marshall Public School District Office**
401 S. Saratoga Street
Marshall, MN 56258