

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. **Please sign below for any additional benefits you are interested in receiving.** By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made.

**Note:** Submitting this form will not change whether your children get free or reduced-price meals or free milk.

**NO**, I do **NOT** want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs.

**YES**, I **DO** want school officials to share information from my *Free and Reduced-price School Meals/Milk Application* with the programs checked below.

Please **check the box:**

**PRINCIPAL, ASSISTANT PRINCIPAL, GUIDANCE STAFF, PURCHASING SECRETARY AND ATHLETIC DIRECTOR AT LEDYARD HIGH SCHOOL FOR:**

- |  |   |
|--|---|
| <input type="checkbox"/> PAY TO PLAY                       | <input type="checkbox"/> TESTING FEES                   |
| <input type="checkbox"/> CREDIT RECOVERY                   | <input type="checkbox"/> COLLEGE APPLICATION FEES       |
| <input type="checkbox"/> FIELD TRIPS                       | <input type="checkbox"/> UCONN EARLY COLLEGE EXPERIENCE |
| <input type="checkbox"/> FINANCIAL NEED BASED SCHOLARSHIPS |   |

**If you checked YES for the box above, complete the information below and sign the form.** Your information will be shared only with the people and applicable programs you checked.

**PLEASE PRINT**

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

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

For more information, please call Suzanne Meserve at (860) 464-9255 ext. 219. Return this form to: 4 Blonder Blvd, Ledyard, CT 06339 as soon as possible.

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*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](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](mailto:program.intake@usda.gov).*

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