

## Parental Release of Information Form

### CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs.

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the form below. This authorizes release of name and eligibility status only, no other information or demographics is allowed to be shared.

#### White Salmon Valley School District

**Please Return to: 170 NW Lincoln St./PO BOX 157 White Salmon, WA 98672 OR any school office  
School Year: 2020-2021**

<b>Child's Name:</b>		
<b>Check to participate</b>	<b>Title of school program</b>	<b>How the shared information will be used</b>
<input type="checkbox"/>	WSVSD Athletic Programs	Reduction in user fees
<input type="checkbox"/>	PSAT/ SAT/ Advanced Placement Testing	Reduction in testing fees
<input type="checkbox"/>	Other WSVSD Student Assistance Programs	Reduction in fees/ access to assistance programs
<input type="checkbox"/>	White Salmon Community Youth Athletic Program	Upon request from White Salmon Community Youth representatives, information is used in the determination of reduction of registration fees
<b>Child's Name:</b>		
<input type="checkbox"/>	WSVSD Athletic Programs	Reduction in user fees
<input type="checkbox"/>	PSAT/ SAT/ Advanced Placement Testing	Reduction in testing fees
<input type="checkbox"/>	Other WSVSD Student Assistance Programs	Reduction in fees/ access to assistance programs
<input type="checkbox"/>	White Salmon Community Youth Athletic Program	Upon request from White Salmon Community Youth representatives, information is used in the determination of reduction of registration fees
<b>Child's Name:</b>		
<input type="checkbox"/>	WSVSD Athletic Programs	Reduction in user fees
<input type="checkbox"/>	PSAT/ SAT/ Advanced Placement Testing	Reduction in testing fees
<input type="checkbox"/>	Other WSVSD Student Assistance Programs	Reduction in fees/ access to assistance programs
<input type="checkbox"/>	White Salmon Community Youth Athletic Program	Upon request from White Salmon Community Youth representatives, information is used in the determination of reduction of registration fees

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

USDA is an equal opportunity provider and employer.