

USD 315 Colby Public Schools
Consent for Disclosure
Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No**, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes**, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.
 - Educational Materials Fee
 - Athletics/Activities
 - Driver's Education
 - Colby Rec Department

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

School Official's Name: Nikol Nolan, Food Service Director Phone: 785.460.5240

Return this form to the address below by August 20, 2015.

Address: 600 W Third Street Colby, KS 67701

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