FREE AND REDUCED PRICE MEAL APPLICATION INFORMATION RELEASE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION CHILD NUTRITION AND FOOD DISTRIBUTION

(Rev. 5/25) Teams/4NSLP/New Year 26/Free and Reduced Price Meal Application Information Release

It is not necessary to fill out the Information Release form in order to participate in the school nutrition programs. By signing the form, you are giving school nutrition program personnel permission to release the information provided in your application for Free or Reduced Price Meals. The information will only be released in school-related programs to determine eligibility for waiving fees or to determine if other benefits are available to your child(children).

You have my permission to release the information contained in the School Year Free and Reduced Price Meal Application for my child(ren) listed below:

|  |
| --- |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |

The information provided on the Free and Reduced Price Meal Application can be used for the programs marked below:

|  |  |  |
| --- | --- | --- |
| Bus fees | Extra-curricular activities | School supplies |
| Tutoring, career/college exploration (as offered by Federal TRIO programs) | | |
| Other (describe) | | |

I certify that I am the parent/legal guardian of the child(ren) listed above.

|  |  |
| --- | --- |
| Signature of Parent/Legal Guardian | Date |

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf), found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, 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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