



District Office  
501 East Elm Avenue  
Waseca, MN 56093  
PH 507-835-2500 Fax 507-835-1161  
[www.waseca.k12.mn.us](http://www.waseca.k12.mn.us)

## WAIVER OF CONFIDENTIALITY Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your *Application for Education Benefits* form may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children qualify for these benefits. Please check with programs you would like your information to be shared with.

- Yes, I DO want school officials to share information from my *Application for Education Benefits* form with the **Athletics and Activities Department for reduced fees such as activities and athletic fees.**
- Yes, I DO want school officials to share information from my *Application for Education Benefits* form with the **Guidance Counseling Offices for assistance in applying for college admission, reduced testing fees, and other post-secondary opportunities.**
- Yes, I DO want school officials to share information from my *Application for Education Benefits* form with **Community Services to access program scholarships.**

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: \_\_\_\_\_ 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 Food Service Department at 507-835-3360

**Return this form by September 1 to:**

Waseca Public Schools Food and Nutrition Department  
400 19<sup>th</sup> Avenue NW  
Waseca, MN 56093

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.