

# WAIVER OF CONFIDENTIALITY

## Sharing Information with Other Programs

Dear Parent/Guardian:

Date: August 1, 2025

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application 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 get free or reduced-price meals.

- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **Sibley East Activities Director**
- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **Sibley East Technology Department**
- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **Sibley East PreSchool/Cub Care/Junior Wolverine**
- Yes! I Do want school officials to share information from my Free and Reduced-Price School Meals Application with the **Sibley East Elementary Snack Cart**
- Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with the **Sibley East Testing Coordinator**
- Yes! I Do want school officials to share information from my Free and Reduced-Price School Meals Application with \_\_\_\_\_

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: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Deb Perschau** at **(507)964-8295** or email at **deb.perschau@sibleyeast.org**.

Return this form to: **Sibley East Schools**  
**Deb Perschau**  
**P.O. Box 1000**  
**Arlington, MN 55307**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 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) 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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