

JORDAN PUBLIC SCHOOLS

DISTRICT 717

WAIVER OF CONFIDENTIALITY

To save you time and effort, the approval status of your Application for Educational Benefits may be shared with other programs for which your children may qualify **such as reduced fees for school activities and supplies**. 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. **It is the parent's/guardian's responsibility to submit this form in order to receive reduced activity/supply fees.**

- o **Yes!** I DO want school officials to share the approval status from my Application for Educational Benefits with **Jordan Public Schools' Activities and Business office.**

If you checked yes to the box above, please 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 program you checked.

Child's Name:	School:

For more information, you may contact Carolyn Yagla in the District Office at cyagla@isd717.org or 952-492-6200.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.