

# Southeast Dubois County School Corporation

## Board Members:

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**Richard D. Allen**  
Superintendent  
**Tracy Troesch**  
Treasurer  
**Sharon Welp**  
Deputy Treasurer

## Consent for Disclosure

### OPTIONAL SHARING OF INFORMATION

Dear Parent/Guardian:

In order to protect the privacy of our students, we only share free or reduced meal program eligibility information with programs or individuals outside of food service when we have received permission from the student's parent or legal guardian to do so, while strictly adhering to and maintaining confidentiality.

All information provided with a Free and Reduced Price School Meals application or Direct Certification is confidential along with student eligibility, and the school/district is not permitted to share that information with anyone else.

However, your student(s) may also qualify for other types of assistance through various school and community programs that you might otherwise be required to pay the full cost for. If you wish to provide consent to release information contained in your student's free and reduced price school meals application or direct certification benefit, you must annually complete, sign and return your permission to share your information as listed below.

*I understand that the benefits and programs outlined below may not be available to students at every school and at every grade level.*

*IMPORTANT: Other programs may require separate proof of your meal status qualification. For future reference, be sure to keep the letter you receive from the Southeast Dubois County School Corporation, which advises you of your student's free or reduced price school meal eligibility.*

**Signing and returning this form is not a requirement for participation in any school nutrition program, nor will it affect or change whether your children get free or reduced price meals.**

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No! I **DO NOT** want information from my Free and Reduced Price School Meals Application to be shared. (IF I CHECKED "NO", I AGREE TO BE RESPONSIBLE FOR THE PAYMENT OF ANY COSTS OR FEES INCURRED AS THE RESULT OF MY INFORMATION NOT BEING SHARED.)

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with those listed below: (Check the box next to the area(s) you wish to release information to.)

\_\_\_\_\_ Your student's other parent (custodial or non-custodial), step-parent or grandparent

\_\_\_\_\_ Educational/School related program or activity fee waiver/reduction (Preschool Program, etc.)

\_\_\_\_\_ School Guidance Office programs (Testing fees, course fees, collage application fees, etc.)

\_\_\_\_\_ Administrative School Programs fee waiver/reduction

\_\_\_\_\_ Other programs fee waiver/reduction (Tri-County YMCA, etc.)

\_\_\_\_\_ School Officials (Homeless Liaison, etc.)

I understand that I will be releasing information that will show that my child(ren) are eligible for free or reduced price school meals. I give consent to release my confidential information for the above named uses.

Be sure to qualify each of your child's/student's, by listing each of their name(s) below. All students must be listed!

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

I certify that I am the parent/guardian of the child(ren) for whom the free and reduced application was submitted or Direct Certification was awarded.

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

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

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

Please note that this form will not be processed if it is not complete.

For more information, you may call Janel Reckelhoff, Food Service Director, Southeast Dubois County School Corporation, 432 East 15<sup>th</sup> Street, Ferdinand, IN 47532, 812-817-0900 then press "5" to reach the Superintendent's Office or [janel.reckelhoff@sedubois.k12.in.us](mailto:janel.reckelhoff@sedubois.k12.in.us)

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**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

"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) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider."

**Please return this form annually with your Free & Reduced Application.**