

**Instructions:** The School Food Authority will complete this form and follow the procedures outlined in SUPTS. REG. MEMO NO. 3 when an office/agency/program (Federal Education, State Education, State Health) requests the release of student meal eligibility status.

**Memorandum of Understanding (MOU Agreement of Disclosure of Confidentiality Free and Reduced Price Meal Eligibility**

The \_\_\_\_\_ authorizes \_\_\_\_\_  
School Food Authority Office/Agency/Program  
to receive and use eligibility information furnished by households on applications for free/reduced meals to use for the purpose of:

\_\_\_\_\_

The receiving office/agency/program agrees to protect the confidentiality of the students eligibility as follows: (Describe) \_\_\_\_\_

\_\_\_\_\_

The receiving office/agency/program ensures that:

- The eligibility information can be used only for the specific purpose stated in this application.
- Access to information will be given to only persons who are directly connected with the administration or enforcement of the program stated in this request.
- The eligibility information will be handled in a manner that protects the household's confidentiality.
- Any additional or follow-up information from the household not allowed in this release must be obtained by the receiving agency/program directly from the household.
- The responsibility for the accuracy of information contained on the application rests with the household who provided the information. Note: The school division verifies a sample of applications each year.

By signing below, the parties verify their understanding that any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by federal law or regulation, any information about a child's eligibility for free and reduced price meals or free milk may be fined up to \$1,000 or imprisoned for (1) year or both.

\_\_\_\_\_  
Print Name and Title of Person Receiving Information

\_\_\_\_\_  
Signature of Person Receiving Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Office/Agency/Program

\_\_\_\_\_  
Print Name and Title of Person Releasing Information

\_\_\_\_\_  
Signature of Person Releasing Information

\_\_\_\_\_  
Date