

Virginia Department of Education School Nutrition Programs

Summer Seamless Waiver Request Form

YES, I am interested in more information about the Summer Seamless Waiver option. Please send more information and a waiver application.

School Division: _____

Point of contact:

Name: _____

Address: _____

Phone # : _____

Email Address: _____

Please mail or Fax request to:

Virginia Department of Education
School Nutrition Programs

P.O. Box 2120

Richmond VA 23218

ATTN: India Liggon

FAX (804) 786-3117

Phone (804) 225-2074