

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Application for Educational Benefits 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. Please check the programs you would like us to share your information with:

- Athletics/Activities Director - **for 50% off participation fees.**
- High School Counselor - **for FREE ACT and AP testing.**
- Community Education - **for tuition discounts on early childhood classes.**

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: _____ BES or BHS

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Child's Name: _____ BES or BHS

Child's Name: _____ BES or BHS

Child's Name: _____ BES or BHS

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Lisa Riihiluoma at 218-389-6978 x1001 or email at Iriihiluoma@isd91.org.

Return this form to: **Barnum Public Schools District Office, 3675 County Road 13, Barnum, MN 55707**

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, audiotope, 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.

This institution is an equal opportunity provider.