

Sample Disclosure Release Form

REQUEST FOR RELEASE OF FREE OR REDUCED ELIGIBILITY STATUS

To be used by determining officials prior to releasing eligibility information for any reason.

Return this form to [name, title, and contact information of determining official].

Person Making

Request: _____ Title: _____

Date: _____ Phone: _____ E-mail: _____

Why is this information being requested?

What will the names be used for (*please be specific*):

List all persons, with job titles, who will have access to this information and why they have a “need to know”:

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PLEASE READ THE FOLLOWING

Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) delineates the restrictions on the disclosure and use of information obtained from an application for free and reduced-price meals, as well as the criminal penalties for improper release of information. The determining official must first determine if the request is from one of the programs or sources authorized under the regulations. Eligibility status *may* be released when the parent/guardian has given *specific* written permission for the release of this information for a *specific* purpose. After the determination has been made that a program is authorized or that the required parental permission has been obtained, the determining official must ensure that the persons who would receive and use the information have a legitimate need to carry out an authorized activity.

Penalty for Misuse of Meal Eligibility Status

The NSLA establishes a fine of not more than \$1000 or imprisonment of not more than one (1) year, or both, for publishing, divulging, disclosing or making known in any manner or extent not authorized by federal law, any eligibility information. This includes the disclosure of eligibility information by one entity authorized under the NSLA to receive the information to any other entity, even if that entity would otherwise be authorized to receive the information directly from the determining agency.

I understand the restrictions on the use of this eligibility information as outlined above, and agree to use this information only for the purpose specified on this form. I will keep all names and information confidential as required by USDA regulation, and understand there are penalties for the misuse of this information.

Name (Printed): _____

Signature: _____ Date: _____

APPROVED BY DETERMINING OFFICIAL

No Yes – *If approved, provide copy of this request form with student list.*

Name of Determining Official: _____

Signature: _____ Date: _____

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For information on school nutrition programs, see the CSDE's [School Nutrition Programs](#) webpage or contact the [school nutrition programs](#) staff in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

This form is available in PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/disclosurerelease.pdf and Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/disclosurerelease..doc.

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, 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.*

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