



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Your student(s) eligibility has already been approved by the district based on information received that you have qualified for free or reduced benefits based on SNAP, TANF, Medicaid, Migrant or McKinney Vento (Homeless). For the following programs, we must have your permission to share your information.

- Yes! I **DO** want school officials to share my children's Eligibility with **all** programs. Checking this box, you allow your child access to all programs listed below.
- Yes! I **DO** want school officials to share my children's Eligibility with **selected** programs by checking the boxes below.

Programs

- Extending Learning Opportunity
- Dental Services
- Eye Services
- FSU Care
- NCAA Clearinghouse Fee Waivers
- ACT Exam Fee Waiver
- SAT Exam Fee Waiver
- Graduation Cap and Gown Assistance
- Test Fee Waivers
- College Application Fee Waivers
 - ACT
 - College Board
 - Common Application
 - NACAC
 - College Program Waivers

If you checked **yes** to **any** or **all** of the boxes above, fill out the information below to ensure that your Eligibility Status is shared for the child(ren) listed below. Your Eligibility Status will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

For more information, contact Jean Terrano at 352-726-1931, ext 2402.
Return this form to Jean Terrano at TerranoJ@citruschools.org.