

Agency: Child Nutrition Services

Signature of Parent

Cary High School

638 Walnut Street Cary, North Carolina 27511 Student Services: 919.460.3549, opt 1

Fax: 919-670-4289

Fax: 919-670-428

PARENTAL PERMISSION FOR RELEASE OF INFORMATION

Address: Wake County Public School Sys 1551 Rock Quarry Road Raleigh, NC 27610 Phone: 919-856-2918 Fax: 919-856-3704	tem		
Email: <u>cnsmealbenefits@wcpss.net</u>			
The above agency has permission to rele	ease information to assi	st in determining educational needs for:	
STUDENT'S NAMESTUDENT'S DATE OF BIRTH			
To the following agency:			
Agency: Cary High School Student Services : Address: Cary High School 638 Walnut Street Cary, NC 27511 The following information is requested:	Staff		
Verification of approval for the free/reduced application fee waivers.	d price meal benefit progr	am for the purposes of granting ACT, SAT or colleg	e
The information will not be released to a thi	ird party without parental	permission.	
		Type of Fee Waiver Being Requested	
Signature of Student	Date	College Application	
		SAT	
		ACT	

Please return the completed form to the Cary High Student Services Office.

Date