

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		ID#		
		GRADE		
STUDENT'S <u>SCHOOL</u> EMAIL ADDRESS	(An email will be sent	once your application has been processed.)		
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 col	lege	
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