



DJUSD

DAVIS JOINT UNIFIED
SCHOOL DISTRICT

Karen Harris
Director of Student Nutrition Services

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Consent to Share Information for CalFresh Benefits

OPTIONAL – CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS Pursuant to California Education Code 49558(d)

Upon consent, this application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own children. Declining to provide consent will not affect your child's eligibility for the free and reduced lunch meal program.

Check this box if you are the parent or guardian of every student listed in step 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today's date below.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Student Name	Print Name of Parent/Guardian	Signature of Parent/Guardian	Today's Date