

Columbia Public Library / Columbia Unit School District #4

RELEASE OF SCHOOL LUNCH PROGRAM

Permission is hereby granted to: Columbia Public Library  
106 N. Metter  
Columbia, IL 62236

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The above named student has registered at (name of school): \_\_\_\_\_

To be completed by the parent/guardian:

- Does Student Participate in Free Lunch Program *CIRCLE ONE* Yes No
- I consent to allow CUSD4 to access my child's lunch program status and communicate their participation with the Columbia Public Library. *CIRCLE ONE* Yes No

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

To be completed by authorized school personnel:

I certify that the student named above is actively enrolled in CUSD4 and currently participates in the Free Lunch Program.

\_\_\_\_\_  
Signature of authorized personnel

Date \_\_\_\_\_

\_\_\_\_\_  
Title

Written or faxed information is to be sent to the attention of

Columbia Public Library  
106 N. Metter  
Columbia, IL 62236  
Attention: Annette Bland

