

Documentation for Free/Reduced Lunch

This section must be completed by parent/guardian.

I _____ give permission for the school registrar of (print name)	
_____ to verify that my child, _____ (school name)	(student name)
qualifies for free or reduced lunch.	
_____ Signature of Parent/Guardian	_____ Date

School registrar must complete this section.

I _____, school registrar for _____ (print name)		(school name)
verify that _____ qualifies for free or reduced lunch. (student name)		
_____ Signature of School Registrar	_____ Date	

Please return to:

Kit & Dick Schmoker Reading Center
124 Barkley Memorial Center

P.O. Box 830738 Lincoln, NE 68583-0738

402-472-3532 • readingcenter@unl.edu

facebook.com/schmokerreadingcenter • <http://cehs.unl.edu/tlte/readingcenter/>