

# Fill out the correct form that matches your county

I give **New Hanover County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Brunswick County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Pender County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Onslow County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Columbus County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Carteret County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

# Fill out the correct form that matches your county

I give **Carven Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Lenoir County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Jones County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist

I give **Duplin County Schools** permission to release information verifying that my child receives free or reduced lunch.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

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(Do not write below line. Office Use Only)

This student **does** receive free or reduced lunch.

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Child Nutrition  
County Child Nutritionist