



MILK WAIVER FORM

INSTRUCTIONS

Email the completed form to: foodandnutritionservices@dese.mo.gov **Subject Line: MILK WAIVER FORM**
 Local Education Agencies (LEAs) may request a waiver that allows 1% flavored milk to be served during applicable meal service times.
 LEAs must submit this form to request the waiver. An email will be returned to the Authorized Representative regarding approval or denial of the waiver.
 Questions regarding this form contact (573) 751-3526 or foodandnutritionservices@dese.mo.gov.

LEA INFORMATION

LEA AGREEMENT NUMBER	LEA NAME	EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE
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Reasons for requesting waiver (check all that apply)

- Financial hardship
- Limited product availability
- Unacceptable product quality
- Poor student acceptance
- Other

AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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AUTHORIZED REPRESENTATIVE TITLE	EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE
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DEPARTMENT USE ONLY

Approved

Denied