

Sunman-Dearborn Community Schools

Biometric Finger Scanning Technology Opt-Out Request Form

Please fill out one form for each student. Forms must be turned into the Food and Nutrition Services Manager at your student's school.

School: _____

Student Name: _____

Student ID Number: _____

I, _____, request for my student, _____,
(Parent/Guardian Name) (Student Name)

to opt-out of using the Biometric Finger Scanning Technology. By opting out, I understand that my student will be required to use a Student ID card to purchase their meals and ala carte items.

(Printed Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

This institution is an equal opportunity provider.