

## Discontinuation of Meal Modifications (form 19-C)

Student's/Participant's Name \_\_\_\_\_

School/Facility \_\_\_\_\_

I certify that the student/participant named above is no longer in need of the previously prescribed meal modifications effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian OR Medical Authority

\_\_\_\_\_  
Signature of Parent/Guardian OR Medical Authority

\_\_\_\_\_  
Date

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(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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