

**OFFICE OF NUTRITION PROGRAMS AND SERVICES**

**101 PLEASANT STREET**

**CONCORD, NH 03301**

**WAIVER REQUEST FORM**

**NAME OF SAU / ORGANIZATION: Click or tap here to enter text.**

**SAU / RA NUMBER: Click or tap here to enter text.**

**\*NAME OF WAIVER REQUEST: Click or tap here to enter text.**

**WAIVER JUSTIFICATION: Click or tap here to enter text.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.**

**Superintendent’s Signature**

**Print Name: Click or tap here to enter text.**

**\*Please Use One Form, Per Waiver Request**

**Email pdf Format To:** [**marty.b.davis@doe.nh.gov**](mailto:marty.b.davis@doe.nh.gov)