Appointment of a New Authorized Representative

Return form to:
Child Nutrition & Wellness, KSDE, 900 SW Jackson St, Suite 251, Topeka, KS 66612-1212

Sponsor Number: _____ **Sponsor Name:** _____

Effective Date of Change: _____

1. Check all potential Child Nutrition Programs for this new Authorized Representative:
   - ☐ School Nutrition Programs
   - ☐ Summer Food Service Program
   - ☐ Child and Adult Care Food Program
   - ☐ Special Milk Program

2. Print or type the name, title, email address and phone number of the new Authorized Representative.

_____ _____
Name of Authorized Representative Title

_____ _____
Email address Phone

3. The Authorized Representative must sign and date below the following "Certification" statement. A signature stamp can be accepted only if it is registered with the Kansas Secretary of State.

   Certification: My signature below certifies that I have read the current Program Agreement between Child Nutrition & Wellness, Kansas State Department of Education and the sponsor named above; and that I understand and accept the conditions and responsibilities specified therein.

_____ _____
Signature of Authorized Representative Date

_____ _____
Signature of Board Chairperson* Date
or Administrator or For-Profit Owner

_____
Print Name of Board Chairperson*
or Administrator or For-Profit Owner

* State Statute 72-17,140 requires the board to appoint an authorized representative for School Food Service Programs.

This institution is an equal opportunity provider.