# 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:

Indicate the Child Nutrition Programs for this new Authorized Representative:

School Nutrition Programs

Summer Food Service Program

Child and Adult Care Food Program

Special Milk Program

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

     

Name of Authorized Representative Title

Email address Phone

1. 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.

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Signature of Authorized Representative Date

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Signature of Board Chairperson\* Date

or Administrator or For-Profit Owner

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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.