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 ____________________________

2. 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* ____________________________
   or Administrator or For-Profit Owner Date ____________________________

   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.