



MSFBG Participating District Request for Information

Anoka-Hennepin ISD #11
Child Nutrition Department
2727 N Ferry Street
Anoka MN 55303

Please complete the information below and return to the Child Nutrition Department at the address listed above or email to: msfbg@ahschools.us

School District _____ ISD # _____

Mailing Address _____

City, State, Zip _____

Enrollment: _____

<u>Business Manager</u>	<u>Child Nutrition Program Director</u>
Name _____	Name _____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

Distributor Information Release Form

By signing below, our School District authorizes our distributor to release purchasing information to the Minnesota School Food Buying Group (MSFBG) or any of its agents including which items were purchased, in what quantities, when it was purchased, the manufacturer numbers, etc. in an Excel format. The Minnesota School Food Buying Group intends to request this information three times during the school year.

(Authorized District Signature) (Date)

(Print Name) (Phone Number)

(Email Address)

(Distributor Contact Name) (Distributor Contact Phone Number)

(Distributor Contact Email Address) (Distributor Contact Fax Number)