



General Waiver Flexibility Request Form

Description: This form is intended to be submitted by a School Food Authority (SFA) to the department on a case-by-case basis, depending on the flexibilities requested. These flexibilities are to be determined at the department's discretion.

SFA Name: _____

School Year: _____

Name of Person Submitting Request: _____

Flexibilities Requested:

Justification:

PROVISION 2 SCHOOLS ONLY - Consultant Justification:

Date Range for Requested Flexibilities: _____

By signing below, I agree that I have been authorized to submit this waiver flexibility request by my SFA.

Date: _____

Electronic Signature of Tennessee Department of Education School Nutrition Program State Director - Indication of Approval: