

BULLY'S PANTRY

General Information

Name: _____

NetID: _____ MSU 9-Digit ID: _____

Date of Birth: _____ Cell Phone #: _____

Household Information

Household Size: ___ Adults ___ Children (0-18) ___ Total

I have access to: ___ Stove Top ___ Oven ___ Microwave ___ Can Opener ___ Running Water

Do you or someone in your household receive the following benefits:

___ SNAP (Supplemental Nutrition Assistance Program)

___ TANF (Temporary Assistance for Needy Families)

___ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)

Acceptance of Free Food and Waiver of Liability

By my signature, I acknowledge the receipt of free food from Bully's Pantry. I understand this is a gift and not reoccurring obligation by the university, food pantry, or fiscal sponsor. I further understand and agree that by accepting this donated food freely and voluntarily, with full knowledge, hold harmless and in no way liable or responsible for the quality, condition or packaging of food, the university, its officers, agents, employees, students, donors, volunteers, and food suppliers.

Signature: _____ Date: _____

***Information provided will be used only Bully's Pantry and only for assessment purposes. Personal information will be kept confidential. Only statistical information will be used. ***

NOTE: Please send completed and signed form to Amy Smith, Student Services Manager at asmith@meridian.msstate.edu.