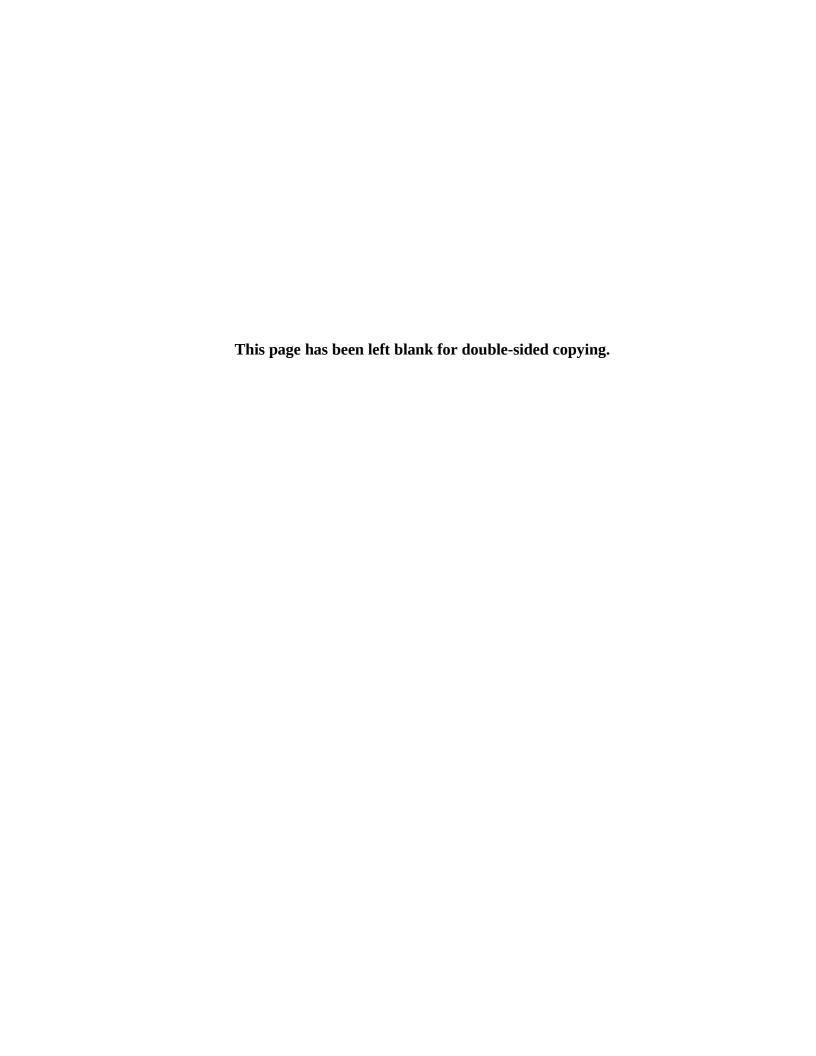
| P3. GROUP 2—MILK FORM (INTERVIEWER-COMPLETED) |
|---|
| |
| |
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| |





OMB Clearance Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

Milk Form

| School Name: | School Mathematica ID: |
|-------------------|------------------------|
| Interviewer ID #: | Date: |

INTERVIEWER: COMPLETE FORM AND ATTACH TO SCHOOL MENU.

| Milk Type | % Fat | Container or Cap Color | Container Size |
|-----------|-------|------------------------|----------------|
| | % | | fl. oz. |





