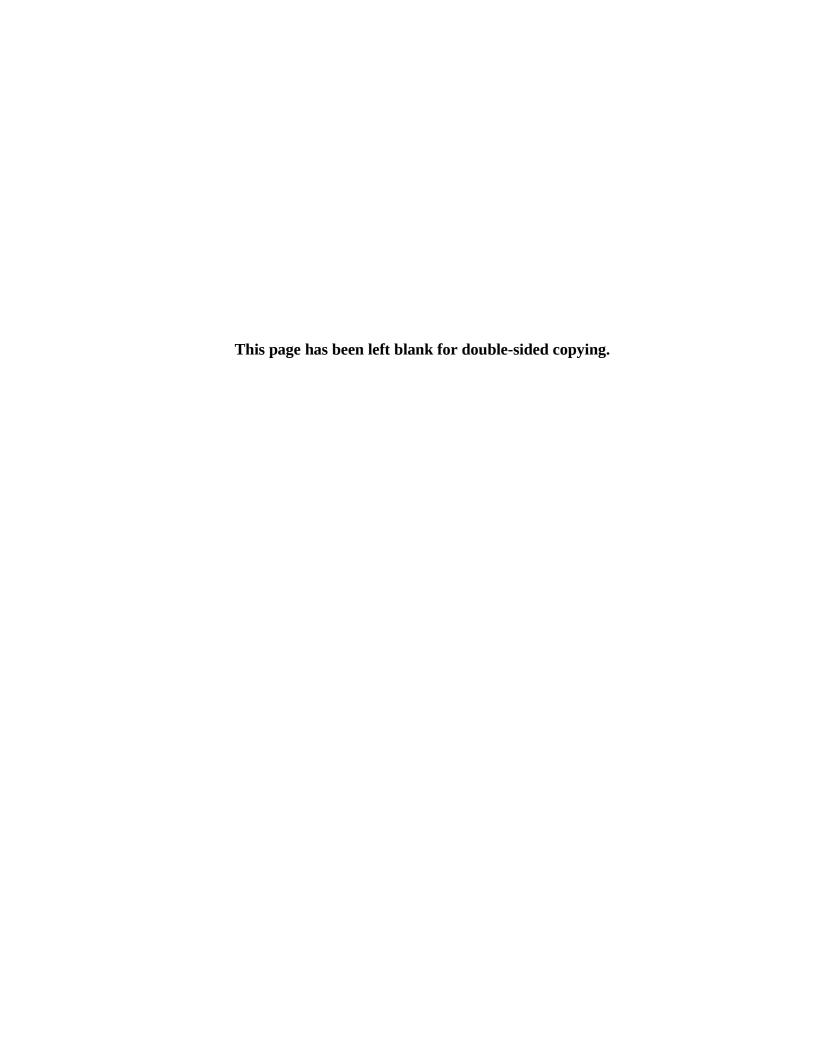
P3. GROUP 2—MILK FORM (INTERVIEWER-COMPLETED)





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.





