

Refund/Donate/Transfer Request Form

Parents please complete and sign form. Return to the School & Child Nutrition Department or any Campus Cafeteria.

A refund check upon request will be mailed out in **2-3 weeks** to the address you have requested below.
(If more than 3 students please use reverse side and provide all information for each student)

(Please PRINT all information requested below)

1. Student Name: _____ Student ID#: _____ School & Grade: _____	Amount: \$ _____ Please Circle One: Refund /Donate/*Transfer
2. Student Name: _____ Student ID#: _____ School & Grade: _____	Amount: \$ _____ Please Circle One: Refund /Donate/*Transfer
3. Student Name: _____ Student ID#: _____ School & Grade: _____	Amount: \$ _____ Please Circle One: Refund /Donate/*Transfer
*Transfer to: Student Name: _____ Student ID#: _____ School & Grade: _____ *Transfer to: Student Name: _____ Student ID#: _____ School & Grade: _____ *Transfer to: Student Name: _____ Student ID#: _____ School & Grade: _____	
<p style="text-align: center;">Reason: _____</p> Refund check made out to: _____ <p style="text-align: center;">Mailing Address: _____</p> <p style="text-align: center;">Contact Phone number: _____</p> Parent Signature: _____ Date: _____	
<p style="text-align: center;">Cash Refunds</p> Received By: _____ Date: _____	
<i>For Child & School Nutrition Office Use:</i> ↓	
Transfers/Account Adjustments completed by: _____ Date: _____	
Date Check request sent to Central Office : _____ Amount: _____	
Sent by: _____ Attach Check Request	