



## REQUEST FOR REFUND NUTRITION SERVICES

Please accept this form as my request for a student meal account refund. I understand that a refund is issued if there is an allowable balance on my student's account. I also understand that I am responsible for additional charges or adjustments that may appear on my student's account after my refund is processed.

**PLEASE PRINT:**

**Student Name**

\_\_\_\_\_

**Last**

\_\_\_\_\_

**First**

\_\_\_\_\_

**Middle Initial**

**Student ID Number**

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Telephone**

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_ **I would like to donate my student's account balance to the Nutrition Services Department at ABC Unified School District.**

\_\_\_\_\_ **I would like to transfer my student's account balance to another student in the District.**

**Name** \_\_\_\_\_ **ID #** \_\_\_\_\_

\_\_\_\_\_ **I would like a refund of my student's account.**

**Signature**

\_\_\_\_\_

Please send completed form to:

ABC Unified School District  
Nutrition Services - Katy Hutchins  
16700 Norwalk Blvd.  
Cerritos, CA 90703  
or  
FAX: (562) 404-8926

**FOR OFFICE USE ONLY**

Processed By \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

Check Number \_\_\_\_\_