



Nutrition Department Student Refund Request Form

- 1) Student's Name _____
- 2) School Name _____
- 3) Parent's SS#* _____ - _____
- 4) Parent's Name _____
- 5) Parent's Address _____
- 6) Parent's Phone# _____ () _____ - _____
- 7) Parent's Signature _____
- 8) Amount of Refund _____

*USDA regulations require submission of parent SS# for all refunds.

Return the completed form to your child's school site Cafeteria Manager

Date received from parent ___/___/___

Cafeteria Manager's Signature _____ Date _____

Incomplete forms will not be processed.

(REVISED 06/2018)