



**Nutrition Services
Meal Account Refund/Transfer**

Date: _____

Student's name (Last, First): _____

PIN #: _____ Amount of Refund: \$ _____

Parent Signature: _____

Mail check to: _____

Please indicate whether you are requesting a refund or would like to transfer funds to another student's account within the district.

Refund (Refunds will only be issued in amounts of \$10.00 or greater.)

Transfer

Please transfer funds to:

Student Name: _____

School: _____

PIN #: _____

Donate the remainder of my child's lunch account balance to a student in need

Please return this form via mail to:

District Center

1251 County Road B2 W

Roseville, MN 55113

You may also fax the completed form to 651-635-1659 or email to

jodi.goodwill@isd623.org.