



# Upland Unified School District Refund/Transfer/Donation Request Form

Requests for refunds are processed and mailed within 30-45 business days. Use form for all mailed refund requests and Cafeteria Level requests submitted June 1<sup>st</sup>-August 31<sup>st</sup>.

Mail form to: Nutrition Services Accounting, 390 North Euclid Avenue, Upland, CA 91786

Date: \_\_\_\_\_

I, \_\_\_\_\_ am requesting a refund/transfer/to donate my son/daughter(s) lunch account (see below).

1. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

3. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Reason For Request:

Please place in "x" in the appropriate box:

- Change in Free/Reduced eligibility
- Student no longer enrolled in Upland Unified Schools
- Student has graduated or will graduate this current school year
- Overpaid/Other \_\_\_\_\_

Please Complete Each Section Below:

Incomplete information or failure to sign will delay processing of your request.

Parent/Guardian Name (please print): \_\_\_\_\_

Address of: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature (REQUIRED): \_\_\_\_\_

Transfer or Donation Request	
Transfer from Student:	_____
Student's School:	_____
Transfer to Student:	_____
Transfer to Student's School:	_____
Amount Transferred:	\$ _____
Transfer to Student:	_____
Transfer to Student's School:	_____
Amount Transferred:	\$ _____
Donate to Principal's Lunch Loan Account:	\$ _____