

**PARENT REQUEST FOR REFUND OR TRANSFER OF STUDENT MEAL ACCOUNT
BALANCE**

Student's Name:	Student's ID#:	Date:
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REQUEST FOR TRANSFER

Please transfer the balance in the above-referenced student meal account in the amount of
\$ _____ to the student meal account of :

(Name of Student)

(Student ID#)

at _____ School.
(Name of School)

REQUEST FOR REFUND

***For balances of \$10.00 or less, the requesting party must present this Request for Refund in person to the school cafeteria during normal operating hours.**

Please refund the balance* in the above-referenced student meal account in the amount of
\$ _____ to:

Printed Name of Parent/Legal Custodian/Legal Guardian/Person standing *in loco parentis*

Mailing Address

Printed Name of Parent/Legal Custodian/Legal Guardian/Person standing *in loco parentis*

Signature of Parent/Legal Custodian/Legal Guardian/Person standing *in loco parentis*

Date

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.