

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

<b>Student's Name:</b>	<b>Student's ID#:</b>	<b>Date:</b>
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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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