



Stafford MSD Cafeteria Account Refund Request

Food service refunds are granted only upon parental request. This form must be submitted to the cafeteria manager or child nutrition office for all refund requests. Requests are processed through the Stafford MSD Business Office and check will be mailed to the address below.

Student Name: _____

Student ID#: _____

Campus: _____

Parent Name: _____

Phone Number: _____

If remaining funds are in account, I would like to:

- Donate remaining balance to other students who may have difficulty paying
- Transfer funds to a member of same household
- Mail refund

Please mail the refund check to the following address:

Street: _____

City: _____ State: _____ Zip: _____

Parent Signature: _____

Date: _____

Please email request form to Adam Alvarado adam.alvarado@staffordmsd.org or fax to 281- 208-6121. You will receive a check for the amount of your student's account balance within 1 to 2 weeks of the date on this request. Please call 281-261-9289 if you have any questions regarding the status of your refund.