



REFUND REQUEST FORM

Please print name and address refund will be **MAILED TO**:

Parent Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

AMOUNT TO BE REFUNDED \$ _____

REASON FOR REFUND REQUEST: _____

*The amount refunded will be verified by the Student Nutrition Department. If the amount is different, someone will contact you.

Refund Information:

Student Name(s): _____

Campus: _____

Parent or Guardian Signature: _____

Date: _____

For Business Office Use Only

Date Rec'd: _____ **Check Number:** _____ **Check Amt:** _____

Vendor# _____

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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.