

LUNCH ACCOUNT REFUND/TRANSFER REQUEST FORM

Complete form and Fax to (858) 565-6378 or Mail to:
SDUSD – Food Services
6735 Gifford Way
San Diego, CA 92111

Date of Request: _____
Student Name: _____
Name of School: _____
Student ID #: _____
or
Student's DOB: _____

_____ Transfer Balance

_____ (FROM - School exiting)

to:

_____ (New school attending -San Diego Unified Only)

OR

_____ Refund

Make Check Payable To:

Mail Refund To:

Phone number:

Parent/Guardian's Signature:

FOR OFFICE USE ONLY:

DATE: _____	<input type="checkbox"/> OK TO PAY: _____
BALANCE: _____ ZAPPED: _____	
ACCOUNT ADJUSTED: _____	