



**Nutrition Services**

2445 3rd Avenue South  
PO Box 34165  
Seattle, WA 98124-1165  
(206)252-0675



**Student Meal Account Refund/Transfer Request Form**

**Mail form to:** Nutrition Services MS 32-372, PO Box 34165, Seattle, WA 98124-1165

**Fax form to:** 206-252-0664

**Email form to:** [nutritionservices@seattleschools.org](mailto:nutritionservices@seattleschools.org)

*This section to be completed by the Requestor:*

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

(Check box that applies: Refund or Balance Transfer)

**Refund Request**

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Balance Transfer to Another Student's Account**

Transfer Amount: \$ \_\_\_\_\_ (example \$20.00)

To Student's Name: \_\_\_\_\_

Attending School: \_\_\_\_\_

(Transfer only available within Seattle Public Schools)

**Parent/Guardian's Signature:** \_\_\_\_\_

Note: If you wish to donate funds to a student in need, please email the Nutrition Services department with your request. [nutritionservices@seattleschools.org](mailto:nutritionservices@seattleschools.org)

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*This section to be completed by the Nutrition Services Department:*

Amount of Refund: \_\_\_\_\_

NS Dept. Approval: \_\_\_\_\_

Date Refund Check Mailed: \_\_\_\_\_

Check # \_\_\_\_\_