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

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

This section to be completed by the Nutrition Services Department:

Amount of Refund: ____________________ NS Dept. Approval: __________________________
Date Refund Check Mailed: ____________________ _________________________________
Check #: ____________________