

## **DONATION/REFUND REQUEST FORM**

Please PRINT all information below.

Refunds will only be issued when a student withdraws or graduates from UCSD.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **STUDENT INFORMATION:**

Student's Legal Name: \_\_\_\_\_

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

School Name: \_\_\_\_\_

### **DONATION/REFUND DETAILS:**

☐ Donate to any student that may need assistance

☐ Transfer to a specific student

☐ Refund

Amount Requested: \_\_\_\_\_

Person Requesting Refund: (PRINT NAME): \_\_\_\_\_

Signature: \_\_\_\_\_

Is Person Requesting Refund the legal Guardian? ☐ YES ☐ NO

Mailing address for refund: \_\_\_\_\_

Reason for Request: (If requesting to transfer to another student, list student's name, MSIS #, and school be below) \_\_\_\_\_

Phone number of Requesting Person: \_\_\_\_\_

Please submit this form completed to the Child Nutrition Department by hand delivery, fax or email to [kcaviness@union.k12.ms.us](mailto:kcaviness@union.k12.ms.us) AND [khicks@union.k12.ms.us](mailto:khicks@union.k12.ms.us)

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(For UCSD use only)

Received by: \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*All request will be submitted for approval at the following board meeting. Refunds will be issued by mail pending board approval.*

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**This institution is an equal opportunity provider. Complaint procedure available upon request.**