



## Stafford MSD Cafeteria Account Refund Request

Food service refunds are granted only upon parental request. This form must be submitted to the cafeteria manager or child nutrition office for all refund requests. Requests are processed through the Stafford MSD Business Office and check will be mailed to the address below.

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

Student ID#: \_\_\_\_\_

Campus: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If remaining funds are in account, I would like to:

- Donate remaining balance to other students who may have difficulty paying
- Transfer funds to a member of same household
- Mail refund

Please mail the refund check to the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date: \_\_\_\_\_

Please email request form to Myrna Garcia [mgarcia@staffordmsd.org](mailto:mgarcia@staffordmsd.org) or fax to 281- 208-6121. You will receive a check for the amount of your student's account balance within 1 to 2 weeks of the date on this request. Please call 281-261-9289 if you have any questions regarding the status of your refund.