

# STUDENT MEAL ACCOUNT REFUND FORM

ALL REFUND CHECKS ARE MAILED TWO TO FOUR WEEKS AFTER REQUEST

Refund Request  
(fill out part 1)

Transfer Request  
(fill out part 1 & 2)

**Part 1**

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

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

Student Name(s): \_\_\_\_\_

STN#: \_\_\_\_\_

Parent Or Guardian: \_\_\_\_\_

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

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

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

**Part 2**

\*If transferring funds between student accounts please state student names below.

Transfer from: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Student Name

Student Name

Student ID

Student ID

School

School

Please submit completed form personally, mail, email or fax to:

Culver Community Schools Corp  
Attn: Casey Howard, Treasurer  
700 School St  
Culver, IN 46511  
Email: [choward@culver.k12.in.us](mailto:choward@culver.k12.in.us)  
Fax: 574-842-4615

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