



Child Nutrition
DEPARTMENT

Orcutt Union School District • Child Nutrition Department

500 Dyer Street • Orcutt CA 93455 • (805) 938-8926

Request for Refund of Student Meal Account Balance

At the end of the year, any money remaining in a student's meal account will automatically rollover to the next year. If your student transfer to another school, within Orcutt Union School District, money in their account will automatically transfer with the student. A parents / legal guardians can request a refund of the remaining money in their student's account by completing this form in length. A check will be processed and mailed to the address that is provided in the form below. Processing of checks can take 2-3 weeks to receive.

Student's Name:	Grade:	School:	Date:
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Why are you requesting the refund?

What is the address the check should be mailed to?

Street Address _____

City _____ State _____ Zip Code _____ Telephone # _____

Print Name: Parent/Legal Guardian Requesting/Receiving Refund _____ Signature of Parent/Legal Guardian Requesting/Receiving Refund _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442; or
email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Do not complete the information below. This is for school use only.

Amount Refunded: \$ _____	<input type="checkbox"/> Check if refunded by CN Cashier	CN Cashier Signature:
	Date:	Warrant Number:

Money subtracted from meal account:

Director approval: _____ Date: _____