

Azle Independent School District
300 Roe St., Azle, TX 76020
Food Service/Student Nutrition Department

Parent/Student Refund Request Form

This letter is to inform you that your child has a positive balance as listed on the Refund Request Form. You have **30 days** from the date of this letter to complete the form and return it to our office via fax, email, mail or in person. **After 30 days from the date of this letter, the funds will be donated to Azle ISD Students Nutrition Department Donation Account. Donation tax write-offs may be provided upon request.**

Please complete, sign and return to one of the following:

Option #1

Azle ISD- ATTN: Food Service
300 Roe St.
Azle, TX 76020

Option #2

Email: dvenable@azleisd.net

Option #3

Fax: (817) 444-4725

Date: _____

Student's Name: _____ Student ID#: _____

Date of Birth: _____ School: _____ Grade: _____

Account Balance: \$ _____

Please mark one of the below options:

I wish to:

_____ Donate the available funds in my student's account to Azle ISD Food Service to help other students.

_____ Transfer the available funds to another student in Azle ISD.

Student's Name: _____ Campus: _____

_____ Refund the available funds on my Student's account and mail a check to the below contact

Make check payable to: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Parent Signature: _____

(Must have signature to process refund, will be returned for signature if one is not provided)

Food Service/Student Nutrition Department use only below:

Date sent to AP: _____ Date Paid: _____ Check Number: _____

Account Code: 240-00-5751.00- _____ -000