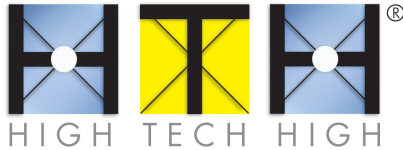


## Addendum B



### HTH Lunch Program Student Account Refund/Transfer Form

Complete and Email to [kverburgt@hightechhigh.org](mailto:kverburgt@hightechhigh.org)

Date of Request: \_\_\_\_\_ Student Full Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

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

**REFUND** – Check box. Please note that refunds may take up to 4-6 weeks.

Amount of Refund: \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_  
*Must match Parent/Guardian on File*

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

Phone number: \_\_\_\_\_

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

**TRANSFER** – Check box.

Amount of Transfer: \$ \_\_\_\_\_

Name of Student you would like to transfer funds to: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Name of School: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

*\*Signature required to process refunds and transfers*

#### **OFFICE USE ONLY:**

Date Request Processed: \_\_\_\_\_

Senior Manager, Food & Nutrition Services Signature