## MYSCHOOLBUCKS ACCOUNT REFUND REQUEST - FOOD SERVICE

## www.uticaschools.org



Student Name:	Student ID:
Student DOB:	
REFUND CHECK MAILED TO:	
Parent / Guardian Name:	Address:
REASON FOR REQUESTING A REFUND:	
,	
Checks will be issued from the Business Office. A parent or guardian's signature is necessary to release	
the funds.	
Parent / Guardian Signature:	

Please mail the completed form to the Business Office at the address listed above or fax to 315-792-2299