

Food & Nutrition Services Department Refund/Transfer Form

*Parent/Guardian Name:		
		Address:
*Student Name:		Student ID # (if known):
*School:		Amount in Account:
My student's cafeteria account he	as a balance. Please	e process these funds accordingly: TRANSFER
If a transfer is requested, plo	ease complete the	e information below.
Transfer to:		
Student Name:		Student ID # (if known):
Amount:	School:	
Student Name:		Student ID # (if known):
Amount:	School:	
Student Name:		Student ID # (if known):
Amount:	School:	

Refunds will be processed within 10-12 business days and mailed to the address provided above.

Saved forms should be emailed to FNSAccounting@aisd.net. You can also mail the form to AISD Food and Nutrition Services, 1206 W Arkansas Ln Arlington, Texas 76013 or personally deliver to the same address.

If you have questions, contact the A.I.S.D. Food and Nutrition (FNS) Office at 682-867-7624 or 682-867-7682.

Refund/Transfer Form Instructions:

This form is used to communicate with the AISD Food & Nutrition Services Department your desire to receive a refund or transfer money that is currently in your student's cafeteria account. The form, once completed and saved, will need to be emailed (as an attachment), printed and mailed or hand delivered to the FNS office.

To email the form (preferred): Download the form to your computer. Open the form and complete all appropriate information. Save the form. Open your preferred email program and attach the form to an email that will be sent to the following account(s).

Email: FNSAccounting@aisd.net

To mail or hand deliver the form: Download the form to your computer. Open the form and complete all appropriate information. Save the form. Print the form for mailing or delivery by hand.

Mail or deliver: 1206 W Arkansas Ln Arlington, Texas 76013

Boxes, on the form, highlighted in red and marked with an asterisk (*) are required fields. Please provide as much information as possible to expedite the process.

If you have any questions, contact the AISD Food and Nutrition (FNS) Office at 682-867-7624 or 682-867-7682.

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, audiotape, 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-Form0508-0002-508-11-28-17Fax2Mail.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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

This institution is an equal opportunity provider

Revised: 5/24/2021