

# Tempe★Union

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## HIGH SCHOOL DISTRICT

### REFUND REQUEST FORM

Today's Date:

Parent or Guardian Name:

\*Refund payment will be issued to this individual. (If handwritten, please print legibly).

Street Address:

City:

State:

Zip Code:

Student ID#:

Student Name:

School Name:

Payment Date:

\*If date is not known, please provide approximate day, month and year.

Refund Amount: \$

Reason for Refund:

I CERTIFY THAT THIS REFUND IS DUE AND PAYABLE AND THAT PRIOR CLAIM HAS NOT BEEN MADE.

Parent or Guardian Signature:

X

Please Return Completed Refund Request Form to: [refund@tempeunion.org](mailto:refund@tempeunion.org)

Food & Nutrition Refunds, Please Return Completed Form to: [cmori@tempeunion.org](mailto:cmori@tempeunion.org)

Allow 4-6 Weeks for Processing.

Site Administrator

Approval \_\_\_\_\_