

# Prepayment Refund

DATE: \_\_\_\_\_

1. *If you chose to use the MySchoolBucks.com “automatic pay” feature, you must disable it or remove the student from MySchoolBucks.com before we can refund your account. If this has not been completed you may automatically be charged for another prepayment.*
2. *The parent/guardian requesting a refund/transfer must be listed in the Duval County Public School student information system.*

Request is for (check one): REFUND  TRANSFER

Student: \_\_\_\_\_ Student ID# or Birthdate: \_\_\_\_\_  
(First & Last Name)

Student: \_\_\_\_\_ Student ID# or Birthdate: \_\_\_\_\_  
(First & Last Name)

Student: \_\_\_\_\_ Student ID# or Birthdate: \_\_\_\_\_  
(First & Last Name)

Total amount of refund/transfer: \$ \_\_\_\_\_

## If transferring the funds:

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Student First & Last Name) (Student First & Last Name)

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Student First & Last Name) (Student First & Last Name)

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Student First & Last Name) (Student First & Last Name)

Parent/Guardian Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Options for sending requests:

- Email: [foodservice@duvalschools.org](mailto:foodservice@duvalschools.org) {If you select to email your request, either send this form as an attachment or include the above information in your email. }
- Fax: 904-732-5157
- Mail: 2924 Knights Lane East Building 4, Jacksonville, FL 32216
- DCPS Internal Mail: #3275 Food Service Dept. Building 4