NHERSET ACTOR	SOMERSET ACADEMY
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## Somerset Academy of Texas Child Nutrition Department Refund Request

Date:	Campus:	Student Grade:	
Student Name:		Student ID:	
Parents Address: _			
I, parent/guardian of student stated above request that any funds in my child(ren)'s Titan account be refunded. I understand that Somerset Academy may take up to 45 days to process my request (initial here)			
Parent/Guardian Si	gnature:	Date:	
Department Use	Only		
Refund Amount:	\$		
Director Signature	e:		
Submitted Check	Request Date:		

## **Superintendent Approval**

## Mr. Cory Oliver, Deputy Superintendent of Schools

U.S. Department of Agriculture U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Indepartmenter Assessment, SW Washington, D.C. 20220-0410; or fact (823) 225-1685 or (202) 680-7462; or senall: Piccomm Interfacil/Landa or or

don is an equal opportunity provider.