



William S. Hart Union High School District

Please complete the following information to obtain a refund from your student's My School Bucks Account. One form per student, multiple student refunds will be returned on one check.

Student Name: _____

Student ID: _____

School: _____

Grade or Graduating Year: _____

Check Payable To: _____

Check Mailing Address: _____

Relation to Student: _____

Phone Number: _____

Email: _____

Submit completed forms to Natalia Blumke: nblumke@hartdistrict.org

DO NOT COMPLETE DISTRICT APPROVAL ONLY

Request Received: _____ *Director Of Fiscal Services:* _____

Account Balance: _____ *Date:* _____