Rialto Unified School District
Library/Textbook Request for Refund

Site: _____

Parent/Guardian: _____

Address: _____
Street Name/# Apt. # City Zip

Library/Textbook Title: _____

Site Receipt #: _____ Amount: $_____

Authorized Signature: _____ Date: _____

Office Use Only:

_____

Library textbook refund request.wpd

B-22 Distribution: *White* - Site *Yellow* - Fiscal Services *Pink* - Site completion