

Date: _____

School: _____

Manager: _____

Re: Student Account Balance

Our records indicate that we are holding the following funds that are due to you:

Student Name: _____

Student ID #: _____

Balance In Account: _____

By law, any funds left in this account must be turned over to the Georgia Department of Revenue, Unclaimed Property Program after a period of inactivity. Once the funds are turned over to the State, attempts to reclaim your funds will need to be directed to the Georgia Department of Revenue.

STATEMENT:

_____ **I AGREE, THESE FUNDS BELONG TO ME AND:**

I would like the funds distributed as follows:

1) _____ I would like a check issued for the balance and mailed to the following:

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

2) _____ I would like to transfer funds to one of my other children in Douglas County as follows:

Name _____ ID # _____

School _____ Amount _____

3) _____ I would like to donate my funds to another child, in my school, with financial need.

_____ **I DISAGREE, THESE FUNDS DO NOT BELONG TO ME**

Parent or Guardian (High School Student Allowed) Signature

Date

This institution is an equal opportunity provider.

Internal Use Only:

If they choose:

- 1) Email to Brenda.Boleman@dcssga.org. A Check will be mailed within 30 days of receipt
- 2) Follow normal refund procedures and send signed copy to FS Accountant C.O.
- 3) Send completed form to FS Account at Central Office and transfer will be made.