

Santa Monica-Malibu Unified School District
Textbook Department - Receipt of Application for
TEXTBOOK REFUND

Student Name _____

Student I.D. # _____ Date: _____

Receipt # _____ Amount: \$ _____

Textbook Coordinator
Authorized Signature: _____

SAVE THIS RECEIPT

*Refund checks will be mailed to the home from the Santa Monica School District payable to the student's parent or guardian. Please allow 90 days for delivery.

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