



PASADENA UNIFIED SCHOOL DISTRICT FOOD SERVICES DEPARTMENT

Request for Copy of Meal Eligibility Letter

Please Note: The copy of the Meal Benefits Eligibility Letter can only be requested by the legal parent/guardian or by the student. No other person is allowed to receive this information. It will take 3–5 business days for the request to be processed.

DATE: _____

STUDENT INFORMATION

_____ Last Name, First Name	_____ Date of Birth (MM/DD/YY)	_____ School	_____ Grade
_____ Last Name, First Name	_____ Date of Birth (MM/DD/YY)	_____ School	_____ Grade
_____ Last Name, First Name	_____ Date of Birth (MM/DD/YY)	_____ School	_____ Grade

PERSON REQUESTING LETTER

_____ Last Name, First Name	_____ Relationship to Student	
_____ Signature	_____ Date	_____ Telephone Number

_____ Mailing Address	_____ City	_____ State	_____ Zip Code
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- I would like to:
- Pick up the letter in person
 - Have the letter mailed to me

740 West Woodbury Road □ Pasadena, CA 91103
(626) 396-5850 □ Fax (626) 791-1051
www.pusd.us

Office Use Only
App. ID: _____
Initials: _____
Date: _____
Type of Letter: _____

