

**COLCHESTER SCHOOL DISTRICT  
NUTRITION & FOOD SERVICES**

**PIN Request Form for New Faculty and Staff**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**➔ Your cafeteria account works as a Debit Card account, not a Credit Card account. You MUST deposit funds into your cafeteria account after your PIN # is assigned and BEFORE using your account to purchase food.**

<b>OFFICE USE ONLY:</b> Customer ID _____ PIN #: _____ Date Assigned _____
---