

SNEAD STATE COMMUNITY COLLEGE



Prepaid Affordable College
Tuition Program
PACT

I, _____, hereby authorize the Office of
(Print student name here)

Financial Aid at Snead State Community College to charge PACT

Beginning _____ and ending _____ as follows:
(Term/Year) (Term/Year)

_____ Tuition Only

_____ Tuition and Fees

I will notify the Financial Aid Office in writing when and if I wish to amend this release.
(Please Note: In the event that your tuition is paid by a scholarship or other means, you may choose to discontinue use of your PACT at Snead State Community College and reserve your PACT for a four-year college where the tuition will likely be higher.)

SNEAD STATE
COMMUNITY COLLEGE

Financial Aid Office
P.O. Box 734
Boaz, Alabama 35957
256-840-4107
Fax: 256-593-7180

Student Signature

Social Security #

Date