



**Office of Student Services
Snead State Community College**

Prepaid Affordable College Tuition Program (PACT)

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

Student Service – 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 Office of Student Services – Financial Aid 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.)

NOTE: PACT does not pay for fees associated with online classes. If a PACT student registers for an online class, they must pay fees of \$23 per credit hour.

Student Signature

Social Security #

Date