



Prepaid Affordable College Tuition (PACT) Program

I, _____, hereby authorize the
(Print Student Name Here)

Office of 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
PO Box 734
Boaz, AL 35957
256-840-4107
finaid@snead.edu

Student Signature

Student Number

Date