Florida State College at Jacksonville
Authorization Agreement for Florida Prepaid Suspension

Print Name: ____________________________________________________________

Student ID#: ___________________ Phone Number: _______________________

Email: __________________________________________________________________

I, the student, hereby authorize Florida State College of Jacksonville to suspend my Florida Prepaid contract for the duration of the:

____ Fall   ____ Spring   ____ Summer       Term (year):___________

I understand that by authorizing this action, all tuition expenses will be covered and paid by me as the student or another source of aid.

This hold is only for the duration of the current term and requests to place holds on Florida Prepaid account must be renewed for subsequent semesters.

Student Signature: ___________________________________________   DATE: __________

SFS Staff Signature: ___________________________________________   DATE: __________

Send forms to any Student Financial Service Campus/Center, email us at StudentFinancialServices @FSCJ.edu, or fax: (904) 632-3020