



**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