Authorization Agreement for Florida Prepaid Suspension

Print Name: ______________________________________________________

Student ID#: __________________ Phone Number: __________________

Email: __________________________________________________________

I, the student, hereby authorize Florida State College at Jacksonville to suspend

my Florida Prepaid contract for the following term :

_____ Fall  _____ Spring  _____ Summer  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 terms.

Student Signature: ____________________________ DATE: __________

SFS Staff Signature: ____________________________ DATE: __________

Send forms to any Student Financial Service Campus/Center, email us at
StudentFinancialServices@FSCJ.edu, or call (904)646-2300

BRSR 41 Revised on 2/24/23, 5/16/18