

AUTHORIZATION TO USE PACT (pre-pay a child's tuition) FUNDS FOR TUITION AND FEE PAYMENT

STUDENT NUMBER:		SOCIAL SECURITY #:	
STUDENT NAME:			_
account (PACT) to pa indicated below. I under this program. I understa	y all applicable to erstand that I am rand that I am respo	llege to bill my Prepaid Afformation and fee charges for the esponsible for paying any and ansible for submitting this form the FIRST DAY OF CLASSES.	current semester(s) as all charges not paid by
Please indicate below th	ne semester(s) that	you desire to use your PACT:	
SEMESTER(s):			
Please check one:	Tuition and Fees:	Tuition ONLY	
of the eligible amount, j	please complete a	tuition and fees and you want to Check Request Form and submit funds will be disbursed after pay	t it along with this form
Student Signature:	Date:		
For FASCPC Office U	se Only		
Tuition:	Fees:	Received By:	Date:
		Board of Trustees, and Bevill State Community (

excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Jasper Campus

1411 Indiana Avenue

Jasper, AL 35501

Sumiton Campus

101 State Street

Sumiton, AL 35148

Hamilton Campus

1481 Military Street S

Hamilton, AL 35570

Fayette Campus

2631 Temple Avenue N

Fayette, AL 35555