



AUTHORIZATION TO USE PACT FUNDS FOR TUITION AND FEE PAYMENT

STUDENT NAME: _____

I authorize Jefferson State Community College to bill my Prepaid Affordable College Tuition account (PACT) to pay all applicable tuition and fee charges for the current semester as indicated below. I understand that I am responsible for paying any and all charges not paid by this program. If you are receiving other funds covering tuition and fees, PACT funds will be disbursed after payment is received from PACT. I also understand that I am responsible for submitting this form to the Cashier Office at Jefferson State PRIOR TO THE FIRST DAY OF CLASSES.

Please indicate below the semester that you desire to use the PACT:

SEMESTER: _____

Please check one: Tuition and Fees: _____ Tuition ONLY: _____

Student Signature: _____ Date: _____

Student #: _____

For Office Use Only

Tuition: _____ Fees: _____

Received By: _____ Date: _____

Jefferson Campus
2601 Carson Road
Birmingham, AL 35215

Shelby Campus
4600 Valleydale Road
Birmingham, AL 35242

St. Clair-Pell City Center
500 College Drive
Pell City, AL 35125

Chilton-Clanton Center
1850 Lay Dam Road
Clanton, AL 35045

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