

FLORIDA PREPAID AUTHORIZATION
Valencia Community College

Full Name (please print): _____

Valencia ID Number (VID): _____

Social Security Number: _____

Circle One: FALL SPRING SUMMER YEAR (YYYY): _____

**Please adjust my Florida Prepaid account as follows.
A new authorization is required each semester.**

Check one of the following:

_____ I do **not** want to use Florida Prepaid for this semester.

OR

_____ Change the number of hours applied to Florida Prepaid for this semester.

I am registered for _____ credit hours

Please invoice for _____ credit hours instead.

SIGNATURE: _____ DATE: _____

FOR BUSINESS OFFICE USE ONLY:

BO STAFF INITIALS: _____ DATE: _____

FOR A/R USE ONLY:

Contract _____ One _____ All _____ Change _____

Term _____ BF _____ BS _____ Paid _____