Full Name (please print): ____________________________________________
Valencia ID Number (VID): __________________________________________

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

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

        I am registered for    ____    credit hours

        Please invoice for    ____    credit hours

Signature: ____________________________________________ Date: ________________

FOR BUSINESS OFFICE USE ONLY:
BO STAFF INITIALS: __________________________ Date: ____________________

FOR A/R USE ONLY:
Contract ________ One ________ All ________ Change ________
Term ________ BF ________ BS ________ Paid ________