



Valencia College

FLORIDA PREPAID AUTHORIZATION

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: \_\_\_\_\_

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FOR BUSINESS OFFICE USE ONLY:

BO STAFF INITIALS: \_\_\_\_\_

Date: \_\_\_\_\_

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FOR A/R USE ONLY:

Contract \_\_\_\_\_    One \_\_\_\_\_    All \_\_\_\_\_    Change \_\_\_\_\_

Term \_\_\_\_\_    BF \_\_\_\_\_    BS \_\_\_\_\_    Paid \_\_\_\_\_