

PAYMENT AUTHORIZATION FORM

PART 1: STUDENT INFORMATION

ART 1. STODERT HAT ORDINATE	<u> </u>	
Name		Student ID Number (SCCID)
Mailing Address (Street, City, State, 8	k Zip code)	Phone Number
PART 2: PAYMENT INFORMATI	<u>ON</u>	
Credit Cards		
Credit Card Number		
Name on Card		
Address		
Type of card (MC, VISA, etc.)		
3-Digit Security Code		
Expiration Date		
Amount Authorized		
I hereby authorize Solano Community	College to apply the above charges to my credit card and ha	ve provided a copy of a valid identification card.
 Signature		 Date
Signature		Date
Check	Money order	
PART 3: THIRD-PARTY DESIGNI	<u>:t</u>	
Name		Phone Number
Mailing Address (Street, City, State, & Zip code)		Email
	e Federal Family Education Rights and Privacy Act. (FERPA) of 1974, but not limited to grades, billing, tuition/fees assessments, financial	
, , ,	-parties include (but is not limited to) parents, spouses, and any third	, , ,
	payments made by a third- party by signing this form along with the	-
	sent form in order for Solano Community College to grant the third-	
	<u>is form</u> . Completed forms should be mailed to <u>cashieroffice@solano.</u> documents from your mysolano email account.	<u>edu.</u> If you would like to be provided with a receipt
picase cinan ans joint with the supporting	socuments from your mysorums email account.	

I give my express consent to have Solano Community College provide access to my personal student information to the designated third-party for payment purposes only. I further acknowledge that I am solely responsible for any and all payments and associated fees made by the third party that is returned and/or rejected.

Student Signature	Third-party Signature
Date	Date