

AUTHORIZATION FOR COLLEGE TRANSACTIONS

My signature below authorizes the specific persons indicated to conduct the activities related to various services at Nunez Community College. This authorization will remain in effect during my entire enrollment at Nunez Community College or until I revoke this authorization in writing. This authorization does not relieve me of the requirement to complete the official forms that may be required for specific transactions.

_____ Receiving a copy of my class schedule from Student Affairs after
signature have been advised and in receipt of an approved schedule request form

_____ Receiving a copy of my bill from the Bursar's Office
signature

_____ Making payment to my account in the Bursar's Office for tuition, fees,
signature transcripts, etc.

_____ Submitting requested documentation to the Financial Aid Office
signature

Named individual(s) to whom I am granting permission for the above-indicated transaction(s) and who will be required to show photo identification at each transaction:

Printed name Relationship

Printed name Relationship

Printed name Relationship

Dean of Student Affairs: _____
(This signature certifies that the ramifications and limitations of this authorization were explained to the student.)

Student's Printed Name: _____

Student's Signature: _____ Banner ID: _____

Date Submitted: _____