



THIRD-PARTY RELEASE FORM

VENDOR NAME: _____

VENDOR ACCOUNT NUMBER: A-_____

Thank you for supporting our students at Coastal Alabama Community College. Your support will help students reach their educational goals and provide many opportunities for those that would not have been able to attend college. To ensure that all students are receiving the correct funding, please advise on how to process the award.

Student Name: _____

Student Coastal Number: A-_____

The total amount due will be contingent upon other monetary resources, therefore the Fiscal Services Office will invoice at the end of the semester.

- Will this award pay before any other funding that the student receives (Pell, Institutional scholarship, Loans, etc.)? Please circle. YES or NO
- Will this award pay last after all other funding? YES or NO
- Do you have a contract with the employee? YES or NO
- The award will pay 100%? YES or NO

Additional Requests: _____

Authorized Signature:

PRINT

SIGN

Date