



**COASTAL ALABAMA**  
COMMUNITY COLLEGE

### 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 Business 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% of the following. Please circle ALL that apply.

**Tuition/Tuition Fees:** YES or NO

**Other Fees** (such as Testing, Nursing, Graduation): YES or NO

**Books:** YES or NO **Uniforms:** YES or NO **Housing:** YES or NO

What semester(s): Spring, Fall or Summer or ALL SEMESTERS

Can the funds be used be transferred to any term: YES or NO

Can the funds be returned to student: YES or NO?

Can the funds be transferred to another college: YES or NO

Funds are not refundable and must be returned to our organization: YES or NO

**Authorized Signature:**

\_\_\_\_\_

PRINT

\_\_\_\_\_

SIGN

\_\_\_\_\_

Date