



Amarillo College

BUSINESS OFFICE

P O BOX 447

AMARILLO, TX 79178-0001

(806) 371-5001

“Fresh Start” Repayment Authorization

I, _____, understand that I have a debt owed to Amarillo College. I give Amarillo College Business Office permission to eliminate the above mentioned debt using CARES funding provided to Amarillo College for the 2021-2022 academic year.

I also understand the following:

- I will be allowed to register for courses once this agreement is signed.
- This is a one-time release of hold to register for classes needed.

Student Signature

Student Date of Birth

Student ID# or Social Security Number

Date

Email this form: askAC@actx.edu

For Office Use Only:

____ FA Suspension-OK ____ Hold Removed for Registration ____ Registered ____ Hold Replaced

____ Money Moved ____ PERC updated Bal/PIF ____ Hold Ended ____ Credit Bureau

____ Amount owed ____ Semester

Enrollment Advisor Signature