# **College Opportunity Fund (COF) Authorization**

First Name: Last Name: S #:

Street Address: City: State: Zip

Phone #: Email Address (student):

**Your official PCC email account is the only email PCC will accept for correspondence**

This COF Authorization Form allows students to authorize their COF with Admissions, Registration, and Records.

I authorize Pueblo Community College (PCC) to receive my COF stipend for the following semester and year:

Semester (Check one):  Summer  Fall  Spring Year:

Your signature authorizes the College Opportunity Fund stipend to be applied to your In-State tuition and holds you financially responsible for all of the registered courses for the above referenced semester.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: Date:

Please return this form to the Admissions Office.

**Office Use Only**

By: Date: