High School Tuition Voucher Payment Authorization

_____ Independent School district will be responsible for the payment of
(Name of High School)

_____ Tuition & Fees _____ Books to Hill College for the students below for the following semester:

Fall _____semester Spring _____semester
(year) (year)

Student Name	Student Social Security Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

Payment Approved by: _____
(Authorized School Signature)

Title: _____ Date: _____

Business Office: Date Received _____Date Awarded: _____

►Please fax this form to Racheal Esparza, Business Office, (254)659-7703 Prior to Registration or email to resparza@hillcollege.edu◄