



Pre-Authorization Request

Semester: Spring Summer 1 Summer 2 Fall Year _____

Name _____ Date _____

Student I.D. _____

Center/Program Name _____ Lic Number _____

Intended Method of Payment:

Recipient Child Care Facility T.E.A.C.H. Other Financial Aid/Grants
 (i.e. PELL Grant)

Course Prefix (ECH, MATH, etc)	Course Number	Course Name or Title	Course Credit Hours	College Name (Please Do Not Abbreviate)

***This form is to be returned to the T.E.A.C.H. Early Childhood® ARKANSAS office. You can scan/email it to teach@arkansasearlychildhood.org or mail to:**

**AECA
 Attn: T.E.A.C.H. Early Childhood ARKANSAS
 P.O. Box 4291
 Fayetteville, AR 72702**

***Do not turn this form into your college.**

For Office Use Only:

Date Request Received	Approved	Date Charge Sent
	<input type="checkbox"/> YES <input type="checkbox"/> NO	