

T.E.A.C.H. Early Childhood® PENNSYLVANIA

Pre-Authorization Request

Semester: (Check one) Fall Spring Summer1 Summer2 Winter (Year) _____

Name:

Date:

Center Name:

Student ID:

Center MPI #:

Intended Method of Payment: (check one)

Recipient Employer T.E.A.C.H. Other Financial Aid/Grant (i.e. PELL Grant)

Course Prefix	Course Number	Course Name or Title	Course Credit Hours	College Name (Please Do Not Abbreviate)

***This form is to be returned to: T.E.A.C.H. Early Childhood® PENNSYLVANIA**

Mail to: Pennsylvania Child Care Association OR Fax to: 717-657-0959
20 Erford Road, Suite 302
Lemoyne, PA 17043

Or Email to: teachinfo@pacca.org

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

For Office Use Only:

Date Request Received	Approved	Date Charge Sent

Please allow at least 2 business days for your request to be processed.