**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)  

<table>
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<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Name or Title</th>
<th>Course Credit Hours</th>
<th>College Name (Please Do Not Abbreviate)</th>
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*This form is to be returned to: T.E.A.C.H. Early Childhood® PENNSYLVANIA*

Mail to: Pennsylvania Child Care Association  
20 Erford Road, Suite 302  
Lemoyne, PA 17043  

OR Fax to: 717-657-0959  

Or Email to: teachinfo@pacca.org  

*Do Not turn this form into your college.*

For Office Use Only:  

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<th>Date Request Received</th>
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<th>Date Charge Sent</th>
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Please allow at least 2 business days for your request to be processed.