



Pre-Authorization Request

Semester: (Check one) FALL SPRING SUMMER

Year: _____

Name: _____

Date: _____

Social Security Number: _____

Center Name: _____ Center License #: _____

Intended Method of Payment: (Check one)

Recipient Facility T.E.A.C.H. Other Financial Aid/Grants (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® Nevada

Mail to: T.E.A.C.H. Early Childhood® Nevada
 240 S. Rock Blvd Suite 143
 Reno, NV 89502

OR

Fax to: 775-857-3179
 Email: teachnevada@gmail.com

For Office Use Only:

Date Request Received	Approved	Date Charge Sent

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

*Do not turn this form in to your college.