



T.E.A.C.H. Early Childhood® Texas

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® Texas**

Mail to: Texas Association for the Education of Young Children
P.O. Box 4997
Austin, Texas 78765-4997 OR Fax to: 866-240-5175

For Office Use Only: ***Do Not turn this form into your college.**

Date Request Received	Approved	Date Charge Sent

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

P.O. Box 4997 Austin, Texas 78765-4997
Phone: 512-215-8142
Fax: 866-240-5175
www.texasaeyc.org

