



**Pre-Authorization Request**

Semester: (Check one)      FALL      SPRING      SUMMER    Session: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Personal College ID#: \_\_\_\_\_

Center Name: \_\_\_\_\_ Center License #: \_\_\_\_\_

Intended Method of Payment: (check one)

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

Course Name & Prefix	CRN	Section 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® WEST VIRGINIA

Mail to: T.E.A.C.H.  
 611 Seventh Avenue, Suite 322  
 Huntington, WV 25701

Or Fax to: 304-529-2535  
 Attention: T.E.A.C.H.

**\*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.**