



### Pre-Authorization Request

**Semester:**     Spring     Summer 1     Summer 2     Fall    Year \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Center/Program Name** \_\_\_\_\_ **Lic Number** \_\_\_\_\_

**Intended Method of Payment:**

Recipient     Child Care Facility     T.E.A.C.H.     Other Financial Aid/Grants  
 (i.e. PELL Grant)

| Course Prefix<br>(ECH, MATH, etc) | Course Number | Course Name or Title | Course Credit Hours | College Name<br>(Please Do Not Abbreviate) |
|-----------------------------------|---------------|----------------------|---------------------|--|
|                                   |               |                      |                     |  |
|                                   |               |                      |                     |  |
|                                   |               |                      |                     |  |
|                                   |               |                      |                     |  |

**\*This form is to be returned to the T.E.A.C.H. Early Childhood® ARKANSAS office. You can scan/email it to [teach@arkansasearlychildhood.org](mailto:teach@arkansasearlychildhood.org) or mail to:**

**AECA**  
**Attn: T.E.A.C.H. Early Childhood ARKANSASS**  
**10201 W. Markham St., Suite 318**  
**Little Rock, AR 72205**

**\*Do not turn this form into your college.**

**For Office Use Only:**

| Date Request Received | Approved   | Date Charge Sent |
|-----------------------|--|------------------|
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |