T.E.A.C.H. Early Childhood®
MISSOURI
A Project of Child Care Aware® of Missouri

Pre-Authorization Request

Semester: (Check one) ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Name: _____ **Date:** _____

T.E.A.C.H. ID: _____

Center Name: _____

Center DVN: _____

Intended Method of Payment: (Check one)

☐ **Recipient** ☐ **Employer** ☐ **T.E.A.C.H.** ☐ **Other Financial Aid**

Course Prefix	Course Number	Course Title	Credit Hours	College

This form is to be returned to T.E.A.C.H. MISSOURI.

Mail to: **T.E.A.C.H. MISSOURI**
955 Executive Parkway Dr., Ste. 106
St. Louis, MO 63141

OR **Fax to: 866-697-8168**

Do NOT turn this form into your college.

For Office Use Only

Date Request Received	Approved	Date Authorization Sent

T.E.A.C.H, MISSOURI
955 Executive Parkway Dr., Ste. 106 | St. Louis, MO, 63141
314-535-2020, Ext. 607/609 | FAX 866-697-8168
www.teach-missouri.org