T.E.A.C.H. Early Childhood® MINNESOTA
Pre-Authorization Request Form

T.E.A.C.H. MINNESOTA uses this form to approve payment for your classes at your college(s). You may register for classes prior to completing this form. However, if credits are not approved, you will need to either drop the credits or pay for them yourself. Send in an updated pre-authorization form if you drop or add credits. You will receive an email notification of what credits are approved approximately four weeks prior to the start of the term.

Term requesting approval for: ❑ Fall ❑ Winter ❑ Spring ❑ Summer **Year**:_____

Name:_____ **Date**:_____

Student ID Number:_____ **College One**: _____

Student ID Number:_____ **College Two**(if applicable)*: _____

*If you attend more than two colleges please add more as necessary

Program Name:_____

Course Prefix	Course Number	Course Name or Title	Credit Hours	College Name
Example: CDEV	**1210**	**Observing & Assessing**	**3**	**Metro State**

Return your completed Pre-Authorization Request form to:
T.E.A.C.H. Early Childhood® MINNESOTA
10 River Park Plaza, Suite 820
Saint Paul, MN 55107
Email: teachmail@childcareawaremn.org
Fax: 651-209-1761

_____
(Program Director/Owner signature, if you are a child care center employee)

For Office Use Only:

Date Request Received	Date Approval Sent	Scholarship Type