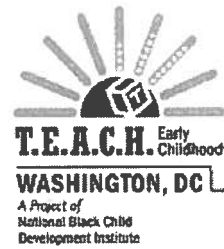


NATIONAL
BLACK CHILD
DEVELOPMENT
INSTITUTE, INC.



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® Project

Mail to: National Black Child Development Institute
1313 L Street, NW
Suite 110 OR Fax to: 202-552-6097

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.