

REQUEST FOR AUTHORIZATION

TO Quality Career Services
640 North Prior Ave., Suite 212
St. Paul, MN 55104
FAX: 651-647-0423
Office: 651-647-9322

DATE: _____

STUDENT NAME: _____

GRANT NAME/COMPANY LAID OFF FROM: _____

SOCIAL SECURITY NUMBER: _____

NAME OF COLLEGE: _____

NAME OF TRAINING PROGRAM OR COURSE: _____

BOOKSTORE FAX NUMBER: _____

Please send authorization for this student to purchase the following books/supplies for the current semester.

Course	Title	Price

Our office must have written authorization before the student can pick up any books/supplies.