



## Black Hawk College Book Voucher Form

Date: \_\_\_\_\_ Term: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is for **BOOKS ONLY**.

I authorize Trinity College of Nursing & Health Sciences to post the following textbooks to my student tuition and fees account.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: Trinity College of Nursing & Health Sciences  
2122 25th Avenue  
Rock Island, Illinois 61201

Code: 3490

\_\_\_\_\_  
Authorized School Personnel Signature

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_