



EICC 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

Authorized School Personnel Signature

Printed Name:

Date: