



## Uniform Den Voucher Form

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

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

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

This authorization is for **APPROVED TRINITY COLLEGE APPAREL ONLY** up to \$300 MAXIMUM.

I authorize Trinity College of Nursing & Health Sciences to post the following uniform/clothing 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: