PUBLIC HIGHER EDUCATION FEE DISCOUNT
FOR CHILDREN OF LICENSED PUBLIC SCHOOL TEACHERS
AND CHILDREN OF STATE EMPLOYEES

Higher Education Institution: ________________________________

Term:  □ Fall    □ Spring    □ Summer    □ Other    Year: ____________

STUDENT INFORMATION

Full Name of Student: ________________________________ Student ID No.: ________________________________

Date of Birth: ________________________________

Address: ________________________________ City, State, Zip Code: ________________________________

Relationship to Employee:

□ Natural or Legally Adopted Child
□ Employee’s Stepchild Living with Employee in a Parent/Child Relationship
□ Other Individual Living in a Parent/Child Relationship with the Employee

Expand: Exp

TEACHER/EMPLOYEE INFORMATION
(If currently employed, must be employed full-time.)

Employment Status (check one):  □ Licensed Public School Teacher    □ Public High School Technology Coordinator

□ Retired Public School Teacher    □ State Employee    □ Retired State Employee    □ Deceased State Employee

Full Name: ________________________________ Phone No.: ________________________________

Edison ID (State) or Employee ID No.: ________________________________

Address: ________________________________ City, State, Zip Code: ________________________________

Employer: ________________________________ Phone No.: ________________________________

Retirement verification must be made by the Division of Retirement.  Mail: TCRS, 502 Deaderick Street, Nashville, TN 37243
Fax: 615-401-6818  Voice Toll-Free: 800-922-7772  Telecommunication Device for Deaf Persons (TDD): 800-766-4952

TEACHERS ONLY  (If applying as a public school teacher, you must be licensed by the Tennessee Department of Education and provide your current license number.)  Current License Number: ________________________________

We individually do hereby certify, under penalties of perjury, that all of the information contained above is true, correct, and complete to the best of our knowledge, that we hereby acknowledge receipt of a copy of the rules of this fee discount program, and that to the full extent of our knowledge and information both the “employee” and the “student” are fully qualified for this fee discount under the rules.  If following enrollment the student is found to be ineligible for this benefit, the student will be responsible for payment of all waived fees plus any other applicable charges.

________________________   ___________________________   ___________________________
Employee Signature   Employer/Division of Retirement Signature   Student Signature

_________________________   _________________   _________________
Date   Title   Date

Student/Employee must submit the completed form to the enrolling higher education institution for processing.

FOR INSTITUTIONAL USE

Tuition Amount: $ ________________________________ Discount: $ ________________________________

Accepted By: ________________________________ Date: ________________________________