

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

Explain: _____



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

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: _____