

**PUBLIC HIGHER EDUCATION FEE DISCOUNTS
FOR DEPENDENT CHILDREN OF LICENSED PUBLIC SCHOOL TEACHERS
AND DEPENDENT CHILDREN OF STATE EMPLOYEES**

Higher Education Institution _____

Term: Fall Spring Summer Other Year: _____

STUDENT INFORMATION

Full Name of Student _____

Social Security No. _____ Date of Birth _____

Address _____

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
- State Employee
- Retired State Employee
- Deceased State Employee

Full Name _____

Social Security No. _____ Phone No. _____

Address _____

Employer _____ Phone No. _____

TEACHERS ONLY (If applying as a public school teacher, you must be licensed by the Tennessee Department of Education and you must provide your_ current license number in the space below.)

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 previously waived fees plus any other applicable charges.

Employee Signature	Employer/Division of Retirement Signature	Student Signature
Date _____	Title _____ Date _____	Date _____

FOR INSTITUTIONAL USE			
Tuition:	Discount:	Date:	Accepted by: