



Public Higher Education Fee Discount

For Dependents of Certified Public School Teachers and Dependents of State Employees

Higher Education Institution: _____

Term: Fall Spring Summer Year: _____

INFORMATION ABOUT THE DEPENDENT/STUDENT

Full Name: _____ College ID: _____ Date of Birth: _____

Address: _____

Relation to Employee: Natural Child
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
Describe _____

INFORMATION ABOUT THE EMPLOYEE

Employment Status

Must be employed full-time as either (check one): Licensed public schoolteacher State Employee

Full Name: _____ Phone Number: _____

Address: _____

Employer: _____ Phone Number: _____

Employment Address: _____

TEACHERS ONLY

Must be licensed for service in public elementary or secondary schools in Tennessee

License Teacher Supervisor Principal Superintendent

Other licensed personnel - describe _____

Current license number _____

We individually do hereby certify, under penalties of perjury, that all 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 "dependent" 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: _____ Date: _____

Employer: _____ Date: _____

Title: _____

Student: _____ Date: _____

INSTITUTION'S ACCEPTANCE

Qualified "Tuition": \$ _____ Discount: \$ _____

Accepted by: _____ Date: _____