

**PUBLIC HIGHER EDUCATION FEE DISCOUNT  
FOR DEPENDENTS OF CERTIFIED PUBLIC SCHOOL TEACHERS  
AND DEPENDENTS OF STATE EMPLOYEES**

Higher Education Institution \_\_\_\_\_  
 Term:    Fall                    Spring                    Summer                    Other                   Year: 19\_\_\_\_

**INFORMATION ABOUT THE DEPENDENT/STUDENT**

Full Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship 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 School Teacher                    State Employee

Full Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

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 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 "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: \_\_\_\_\_ Employer Authorization: \_\_\_\_\_ Student: \_\_\_\_\_  
 Date: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
    Date: \_\_\_/\_\_\_/\_\_\_

**INSTITUTION'S ACCEPTANCE**

Qualified "Tuition": \$ \_\_\_\_\_ Discount: \$ \_\_\_\_\_  
 Accepted By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Form must be received in Business Office no later than first 10 days of the term.*