

**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: _____

INFORMATION ABOUT THE DEPENDENT STUDENT

Full Name: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____
Address: _____

RELATIONSHIP TO EMPLOYEE

Natural Child Other Individual Living in a Parent/Child
 Legally Adopted Child Relationship with Employee
 Employee's Stepchild Living with Describe: _____
Employee in a Parent/Child Relationship

INFORMATION ABOUT EMPLOYEE

Employment Status: (Must be employed full-time as either (check one):
 Licensed Public School Teacher State Employee

Full Name: _____
Address: _____
Social Security Number: _____ - _____ - _____ Phone Number: (____) _____ - _____

Employer: _____ Phone Number: (____) _____ - _____
Address: _____

TEACHERS ONLY (Must be licensed for Service in Public Elementary or Secondary Schools in Tennessee)

License:
 Teacher Other Licensed Personnel-
 Supervisor Describe: _____
 Principal Current License Number: _____
 Superintendent

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: _____ Student: _____
By: _____
Date: ____ / ____ / ____ Title: _____ Date: ____ / ____ / ____

INSTITUTION'S ACCEPTANCE

Qualified "Tuition": \$ _____ Discount: \$ _____
Accepted by: _____ Date: ____ / ____ / ____