

# 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.: \_\_\_\_\_

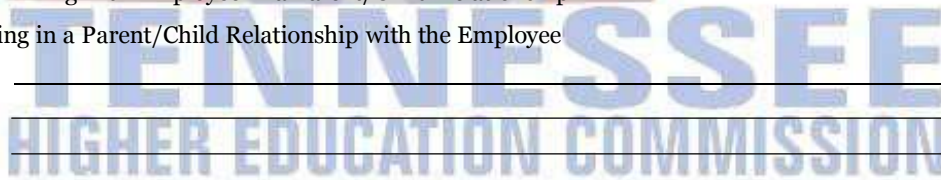
Date of Birth: \_\_\_\_\_

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.: \_\_\_\_\_

**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 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 waived fees plus any other applicable charges.

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

## FOR INSTITUTIONAL USE

Tuition Amount: \$ \_\_\_\_\_ Discount: \$ \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_