

# ELIGIBILITY REQUIREMENTS FOR FEE DISCOUNT

You must meet **one** of the following requirements for your child to be eligible for the fee discount:

## Active:

- Current state employee, working for one of the three branches of state government (executive, legislative, or judicial)
- Current public school teacher, licensed by the Tennessee Department of Education and employed full-time in a Tennessee public school
- Current instructor licensed by a branch of the U.S. Armed Forces to teach Reserve Officer Training Corps in a public school
- Current technology coordinator employed full-time in a public school system

## Retired:

- Retired state employee with a minimum of twenty-five (25) years of service
- Retired public school teacher with a minimum of thirty (30) years of service
- Retired public school teacher **with a disability retirement** with a minimum of twenty-five (25) years of service

## Deceased:

- Deceased state employee who died while employed by the state or who died after entering retirement with a minimum of twenty-five (25) years of service
- Deceased public school teacher who was licensed by the Tennessee Department of Education and employed full-time in a Tennessee public school at the time of death
- Deceased public school teacher who was licensed by the Tennessee Department of Education and who died after entering retirement with a minimum of thirty (30) years of service
- Deceased public school teacher who was licensed by the Tennessee Department of Education and who died after entering **disability retirement** with a minimum of twenty-five (25) years of service



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

### Student's Relationship to Teacher or State Employee:

- Natural or Legally Adopted Child
- Stepchild Living with Teacher or State Employee in a Parent/Child Relationship
- Other Individual Living in a Parent/Child Relationship with the Teacher or State Employee

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TEACHER/EMPLOYEE INFORMATION

Employment Status (check one): (If currently employed, must be employed full-time.)

- Retired Public School Teacher  Licensed Public School Teacher  Public High School Technology Coordinator
- Deceased 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.: \_\_\_\_\_

**Retired Teachers/Employees:** Eligibility must be verified by the TN Consolidated Retirement System (TCRS).

Email: TCRS.Financial@tn.gov Fax: 615-401-6818 Mail: TCRS, 502 Deaderick Street, Nashville, TN 37243 Voice: 800-922-7772 TDD: 800-766-4952

**TEACHERS ONLY** If applying as a public school teacher, you must be licensed by the Tennessee Department of Education pursuant to the [Educator Licensure Policy of the TN State Board of Education](#). 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 the requirements 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 these 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.

**All fields below must be completed by an authorized representative of the Employer (e.g. Director of Human Resources, School Principal, etc.) or TCRS to certify eligibility of the Teacher or State Employee for the Public Higher Education Fee Discount.**

\_\_\_\_\_  
Teacher/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Div. of Retirement (TCRS) Signature

\_\_\_\_\_  
Title of Employer/TCRS Representative

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Employer/TCRS Representative Printed Name

\_\_\_\_\_  
Phone No. of Employer/TCRS Representative

\_\_\_\_\_  
Email of Employer/TCRS Representative

**After eligibility is certified by Employer/TCRS, the Student must submit the form to the higher education institution for processing.**

## FOR HIGHER EDUCATION INSTITUTION USE ONLY

Tuition Amount: \$ \_\_\_\_\_ Discount: \$ \_\_\_\_\_ Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_