



# 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

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

Retirement verification must be made by the Division of Retirement. Mail: TCRS, 502 Deaderick Street, Nashville, TN 37243  
Fax: 615-401-6818 Voice Toll-Free: 800-922-7772 Telecommunication Device for Deaf Persons (TDD): 800-766-4952

**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.) 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	

Student/Employee must submit the completed form to the enrolling higher education institution for processing.

## FOR INSTITUTIONAL USE

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

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