



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.

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|-------------------------------------|---|--|--|
| _____ Teacher/Employee Signature | _____ Employer/Div. of Retirement (TCRS) Signature | | _____ Employer/TCRS Representative Printed Name |
| _____ Date | _____ Title of Employer/TCRS Representative | | _____ Phone No. of Employer/TCRS Representative |
| _____ Student Signature | _____ Date of Certification | _____ Email of Employer/TCRS Representative | |
| _____ Date | | | |

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: _____