

**Fee Discount for Dependents of State of Tennessee Employees  
or Licensed Tennessee Public School Teachers**

Term (separate form required for each term): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer **Year: 20**\_\_\_

**INFORMATION ABOUT THE DEPENDENT/STUDENT**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Relationship to Employee: \_\_\_ Natural Child \_\_\_ 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  
Describe: \_\_\_\_\_

**INFORMATION ABOUT THE EMPLOYEE**

Employment Status (Must be employed full-time as either/check one):  
\_\_\_ Licensed Public School Teacher \_\_\_ State Employee (minimum 1,950 hrs @ yr) Sec. 1 (d)  
\_\_\_ Retired State Employee \_\_\_ Deceased State Employee

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**TEACHERS ONLY** (Must be Licensed for Service in Public Elementary/Secondary Schools in TN)  
**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 "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. **\*\* All signatures are required for processing. This form will not be accepted after the 10th day of the beginning of the semester***

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

Complete and forward this form to Vol State, Financial Aid Office, 1480 Nashville Pike, Gallatin, TN 37066  
FAX to (615) 230-3487.

