

**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
	_____ Date	

Complete and forward this form to Vol State, Business Office, 1480 Nashville Pike, Gallatin, TN 37066
FAX to (615) 230-3522.

