



Office of Human Resources

EMPLOYEE SPOUSE / DEPENDENT LIST

Please list your spouse and/or dependents (age 26 or under). This information is needed to identify a spouse and/or dependent(s) who may receive educational discounts. The list must include information requested and must be updated when needed by the employee. **Failure to provide this information could result in denial of tuition discounts to your spouse and/or dependent(s).**

Employee Name: _____

VSCC I.D. #: _____

Print Name	Relationship (select code below)	Date of Birth	Social Security No.

Relationship Codes:

- CL Any child for whom you are the legal guardian.
- CN Child natural/legally adopted.
- SP Legally married spouse.
- CS Stepchild for whom you or your spouse has legal or joint custody.

Signature: _____

Date: _____