

**EDUCATOR'S REQUEST FORM FOR REDUCED TUITION RATE
KINDERGARTEN THROUGH GRADE 12 (K-12)**

(Print or type all information)

Name: _____ Day Telephone: _____

Radford University Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

List School Division in which currently employed: _____

List your school building address: _____

List your school building phone number: _____

List your current position title: _____

List your teaching grade and licensure level: _____

I hereby certify that the information provided on this request form is true and complete without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for the denial of the request for reduced tuition.

Signature of Applicant: _____ Date: _____

Current employer's verification:

I hereby certify that the above named is employed/or on official leave in the Commonwealth of Virginia:

Signature of the Principal or Staff Development Coordinator

Date

Printed Name

Title

Phone Number

Graduate College Approval: _____ Date: _____

(See eligibility requirements and instructions for processing)

Return to: College of Graduate Studies ~~722~~, P.O. Box 6928, Radford University, Radford, VA 24142, fax to 540 831-6061.