



**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.