



Request for 30 Mile Radius Tuition Rate Form

Name (First, Middle, Last): _____

User ID#: _____ Social Security Number (SSN): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

By completion of this form I certify that I am a legal resident in: (check appropriate)

Sullivan County, Tennessee

Johnson County, Tennessee

City of Bristol, Tennessee

Signature

Date

Admissions Office Use:

Approved

Disapproved

Term _____

Date Entered in PeopleSoft _____

Staff Initials _____