



## Request for 30 Mile Radius Tuition Rate Form

Name (First, Middle, Last): \_\_\_\_\_

User ID#: \_\_\_\_\_ Last 4 digits of 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 \_\_\_\_\_