

Tuition Benefit for My Child

Please be sure to provide ALL requested information, as failure to do so could delay your benefit.

Your Dependent Child's Full Name	FIRST	MIDDLE	LAST
Required: Dependent Child's Date of Birth			
<i>The Tuition Benefit will end the calendar year in which the dependent turns 23 or they have received the maximum semester/quarter benefit.</i>			
Dependent Child's Last 4 digits of Social Security Number			

I'm requesting the tuition benefit for the following academic period (please select only one term):

Check One	Check One	Academic Year 20 _____
Fall	Semester	
Winter		
Spring	Quarter	
Summer		

Please check one of the following:

<input type="checkbox"/>	My child will be attending Vanderbilt University.
or	
<input type="checkbox"/>	My child will be attending a college or university other than Vanderbilt.
	Name of the Institution your child is attending (if other than Vanderbilt):
	Location of the Institution:

Please provide the following information:

Your Name *Important: Please also include spouse's name if spouse is VUMC employee*	
Your Employee ID <i>and</i> Last 4 digits of Social Security #:	
Your Relationship to the Dependent Child:	

Please be sure to complete the section below. We will use this information to contact you if there is a question.

Your E-Mail Address	
The Name of Your Home Department at Vanderbilt (i.e. Neurology, Economics, etc.)	
Your Daytime Telephone Number	

Important: By signing below, you are certifying that the child indicated above is eligible to be claimed as a dependent on your Federal tax return. If you are unsure, please refer to the Frequently Asked Questions for the Educational Assistance Programs on the Vanderbilt Human Resources website (hr.vanderbilt.edu).

I hereby certify by my signature below that the information I provided on this form is true and accurate to the best of my knowledge, under penalty of perjury.

Faculty or Staff Member's Signature and Date	Please sign here	Date Signed
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FORMS MUST BE FILED TWO MONTHS IN ADVANCE OF THE BEGINNING OF CLASSES.

Return the Completed Form to:	Do You Have a Question?
Vanderbilt Payroll/Processing Office PMB 407718, 2301 Vanderbilt Place Nashville, Tennessee 37240-7718	Contact Human Resources (615)343-4788

The section below is for Payroll/Processing Use			
Date of Hire		Semester (# of 8)	
Employee Class		Quarter (# of 12)	
PayGroup		HR Approval 1	
		HR Approval 2	

Refer to the [Dependent Tuition Benefit Policy](#) and [FAQs](#) for eligibility requirements for employees and their dependents.

Authorization and Release for a Student NOT Attending Vanderbilt University

Your child will need to complete this form for each school they attend. The completed form remains in force throughout the student's entire enrollment at this college or university. A new form must be submitted only when your child enrolls at a *DIFFERENT* college or university.

Student's Full Name	
Student's Social Security Number	
Name of the College or University the Student is Attending	
Location of the College or University the Student is Attending	

I authorize the college or university listed above to provide information, including my tuition costs and financial aid to Vanderbilt University and its representatives for the purpose of determining the amounts of tuition benefit to which I am entitled. This authorization remains in effect for every semester/quarter I am enrolled at this college/university. I expressly release and hold harmless Vanderbilt University and its representative, as well as the college/university noted above and its representative, from all liability related to the disclosure of this information.

Student's Signature	
Today's Date	

For additional questions, please contact Human Resources.

(615) 343-4788