

APPLICATION FOR STATE OF NEBRASKA HIGH SCHOOL DIPLOMA

This form must be completed before any official GED testing may begin.

Type or print neatly in **BLACK** ink

Last Name	First Name	Middle Name	Maiden Name
Social Security Number	Date of Birth	E-Mail Address	
_____ - _____ - _____	____/____/____		
Current Address			
Number and Street or PO Box		City	State Zip
Permanent Address			
Number and Street or PO Box		City	State Zip
Home Phone Number	Cell Phone Number	Permanent Phone Number	Residency
()	()	()	Have you been a Nebraska resident for at least 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official High School Withdrawal Date Or Home School Completion Date	Last School Attended		
	Name of School	City	State
____/____/____			
Previous Testing			
Have you previously taken any official GED tests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____			
I certify the above statements are true to the best of my knowledge: _____ (Signature) _____ (Date)			

FOR TEST CENTER USE ONLY

Testing Center	Test	Date	Form	S.S.	% Rank	
Date of Birth Verified: <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD21 Discharge Form <input type="checkbox"/> Draft Card <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> High School Transcript <input type="checkbox"/> Military ID Card <input type="checkbox"/> Photo Bearing Passport Photo-Bearing ID Verified: <input type="checkbox"/> Driver's License <input type="checkbox"/> Government ID Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Passport Approved to Test: ____/____/____ Signature(s) _____	Language Arts, Reading					
	Language Arts, Writing					
	Mathematics					
	Science					
	Social Studies					
	Format:	TOTAL SCORE			410 Minimum & 450 Average <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish	AVERAGE SCORE				

Return to:
Adult Education
Nebraska Department of Education
PO Box 94987
Lincoln, NE 68509

Local Chief Examiner Signature: _____

Diploma issued by LEA ____ Date: ____/____/____ Date Reported to NDE: ____/____/____

Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____

Duplicate Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____