



Nebraska GED® Successful Graduate Release Form

PO Box 94987 ▪ Lincoln, NE 68509 ▪ Phone: 402/471-2295 ▪ Fax: 402/471-8127

Please Print or Type Clearly (attach more pages if necessary).

! Include a photo !

Name:	E-Mail Address:
Phone Number: Home: () Cell: ()	Home Address:

Nebraska GED Testing Center:

1. What circumstances led you to enroll in Nebraska's GED program?

2. How has the GED® diploma helped you in your education/career?

3. What advice can you give to inspire others to begin working toward their GED® diploma?

4. Why should communities support their local GED® programs?

My signature below authorizes employees of the Nebraska Department of Education's Adult Education Program to print my name, photograph and honest testimonial in promotional material for public distribution.

Signature

Date

Thank you!

**Mail completed form
(and recent photograph of yourself) to:**

Nebraska GED
Adult Education
Nebraska Department of Education
PO Box 94987
Lincoln, NE 68509

**Or scan completed form
(and recent photograph or yourself) to:**

shirley.gruntorad@nebraska.gov