

----- BACKGROUND STATEMENT-----

Date: _____

TO: Program Director
Private Postsecondary Career Schools
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

FROM: _____
School Name

Address

City, State, Zip

I hereby verify that, to the best of my knowledge, none of the following persons have any felony convictions: Any persons having twenty-five (25) percent or more ownership of this school, the resident director, or any of the administrative staff members.

Signature of School Official

Printed name of School Official

Title

Reference: Items required to accompany application for authorization to operate:
Title 92, Nebraska Administrative Code, Chapter 41, 005:
005.02B A statement verifying that none of the following persons have any felony convictions:
005.02B1 Any persons having twenty-five (25) percent or more ownership of the applicant school as provided in section 004.03;
005.02B2 Resident director as defined in section 002.22;
005.02B3 Administrative staff members as defined in section 002.01.

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