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Teacher Certification
301 Centennial Mall South
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Lincoln, NE 68509-4987

NDE 20-022
Revised 10-16

UNITED STATES CITIZENSHIP ATTESTATION FORM

Printed Name of Applicant _____

Social Security Number* _____

For the purpose of complying with Neb. Rev. Stat. 4-108 through 4-114, I attest as follows:

- I am a qualified alien under the federal Immigration and Nationality Act, my immigration status, alien number and card expiration date are as follows:

and I am providing a legible copy of my United States Citizenship and Immigration Services documentation as part of this application.

DECLARATION, AUTHORIZATION AND SIGNATURE

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Dated this _____ day of _____, 20_____

Signature of Applicant

*The requirement that a certificate or permit applicant provide his/her social security number is contained in Neb. Rev. Stat. 79-810. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate or permit holders.