



Teacher Certification

PO Box 94987
Lincoln, NE 68509-4987
Ph: 402-471-0739 Fax: 402-742-2359
nde.tcertweb@nebraska.gov
www.education.ne.gov/tcert

United States Citizenship Attestation Form

NDE 20-022
Revised 10-16

Printed Name of Applicant

Social Security Number*

For the purpose of complying with the Nebr. 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 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: _____ day of _____, 20 ____

Signature of Applicant

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