

School System Request Statement

Note, requesting a permit does not guarantee the applicant will qualify. It is just one of the requirements for qualification.

Printed Name of Applicant	Social Security Number*	_
I am requesting the following type of permit: P	lease select one	
Alternative Program Teaching Permit		
Alternative Program Administrative Permit		
Provisional Special Services Permit		
Paraprofessional Substitute Teaching Permit		
Nebraska Entry Administrative Permit		
Anticipated Start Date:		
Anticipated Endorsement:		
Authorized School Official Signature/Title	Date	
School System Add	ress City	
*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.		
500 South 84th Street, 2nd Floor, PO Box 94987, Lincoln, NE 68509 Phone: 402-471-0739, Fax: 402-471-0117 Website: www.education.ne.gov/tcert, Email: nde.tcertweb@nebraska.gov		