

APPLICATION FOR STATE OF NEBRASKA HIGH SCHOOL DIPLOMA

This form must be completed before any official GED® testing may begin.

Print using BLACK ink

Last Name	First Name	Middle Name	Maiden Name
Social Security Number	Date of Birth	E-Mail Address	
Current Address			
Number and Street or PO Box	City	State	Zip
Permanent Address/Emergency Contact			
Number and Street or PO Box	City	State	Zip
Home Phone Number	Cell Phone Number	Permanent Phone Number	Have you been a Nebraska resident for at least 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official High School Withdrawal Date Or Home School Completion Date	Last School Attended		
	Name of School	City	State
Previous Testing			
Have you previously taken any official GED® tests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____			
I certify the above statements are true to the best of my knowledge: _____ <div style="display: flex; justify-content: space-around;"> (Signature) (Date) </div>			

FOR TEST CENTER USE ONLY

Testing Center	Test	Date	Form	S.S.	% Rank	
Date of Birth Verified: <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD21 Discharge Form <input type="checkbox"/> Draft Card <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> High School Transcript <input type="checkbox"/> Military ID Card <input type="checkbox"/> Photo Bearing Passport Photo-Bearing ID Verified: <input type="checkbox"/> Driver's License <input type="checkbox"/> Government ID Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Passport Approved to Test: ____/____/____ Signature(s) _____	Language Arts, Reading					
	Language Arts, Writing					
	Mathematics					
	Science					
	Social Studies					
	Format: <input type="checkbox"/> English <input type="checkbox"/> Spanish	TOTAL SCORE				410 Minimum & 450 Average <input type="checkbox"/> Pass <input type="checkbox"/> Fail
		AVERAGE SCORE				

Mail Completed Application to:
 Adult Education
 Nebraska Department of Education
 PO Box 94987
 Lincoln, NE 68509

Local Chief Examiner Signature: _____

Diploma issued by LEA ____ Date: ____/____/____ Date Reported to NDE: ____/____/____

Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____

Duplicate Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____