

## APPLICATION FOR NEBRASKA GED® TESTING

*This form must be completed by 16/17-year olds before any official GED® testing may begin.*

Type or print neatly in **BLACK** ink

Last Name		First Name		Middle Name	
Social Security Number		E-Mail Address		Date of Birth-Verification Attached*	
_____ - _____ - _____				____/____/____	
Current Address					
Number and Street or PO Box		City		State	Zip
Alternate Address					
Number and Street or PO Box		City		State	Zip
Home Phone Number		Cell Phone Number		Emergency Phone Number	
( ) ( )		( ) ( )		( ) ( )	
				Residency	
				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
<input type="checkbox"/> Official transcript attached <b>OR</b> <input type="checkbox"/> Signed homeschool transcript attached					
<input type="checkbox"/> Signed Form 10-005 (Nebraska Withdrawal from Mandatory Attendance) has been submitted to the Nebraska Department of Education and is attached.					
<b>OR</b>					
<input type="checkbox"/> Signed copy of Form C (Acknowledgement Letter from NDE to Discontinue Enrollment) is attached.					
<b>OR</b>					
<input type="checkbox"/> Signed copy of Form D (Acknowledgement Letter from NDE - Completion) is attached.					

I certify the above statements are true to the best of my knowledge: \_\_\_\_\_  
(Examinee Signature) (Date)

*Date of Birth Verification
<b>Examinee:</b> Provide copy of Official Transcript from last high school attended with date of birth shown <i>OR</i> provide a copy of one of the items shown below: <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

FOR STATE DEPARTMENT USE ONLY			
Test	Date	S.S.	% Rank
Reasoning Through Language Arts			
Mathematical Reasoning			
Science			
Social Studies			
<b>Format:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish	150 Minimum & 600 Total		
<b>TOTAL SCORE</b>			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Test Center: _____			

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

Examiner Signature: \_\_\_\_\_

Diploma issued by LEA \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to NDE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diploma issued NDE \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diploma #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Duplicate Diploma issued NDE \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diploma #: \_\_\_\_\_ Receipt #: \_\_\_\_\_