

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 OR <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.			
OR			
<input type="checkbox"/> Signed copy of Form C (Acknowledgement Letter from NDE to Discontinue Enrollment) is attached.			
OR			
<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
Examinee: 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			
Format: <input type="checkbox"/> English <input type="checkbox"/> Spanish	145 Minimum & 580 Total		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TOTAL SCORE			
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 #: _____