

----- **BACKGROUND STATEMENT** -----

Date: \_\_\_\_\_

TO: Program Director  
Private Postsecondary Career Schools  
Nebraska Department of Education  
P.O. Box 94987  
Lincoln, NE 68509-4987

FROM: \_\_\_\_\_  
School Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

I hereby verify that, to the best of my knowledge, none of the following persons have any felony convictions: Any persons having twenty-five (25) percent or more ownership of this school, the resident director, or any of the administrative staff members.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Printed name of School Official

\_\_\_\_\_  
Title

Reference: Items required to accompany application for authorization to operate:

Title 92, Nebraska Administrative Code, Chapter 41, 005:

005.02B A statement verifying that none of the following persons have any felony convictions:

005.02B1 Any persons having twenty-five (25) percent or more ownership of the applicant school as provided in section 004.03;

005.02B2 Resident director as defined in section 002.22;

005.02B3 Administrative staff members as defined in section 002.01.

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