

CONSENT FORM

The following information will be used for educator certification and may be provided to the Department of Education in the state indicated below.

Complete this form and submit to the Educator Certification Office.

Personal Information:

Your name: _____
Please print clearly *Last* *First* *MI* *Previous/Maiden*

UNK Student ID (NU ID#): _____ If you don't know your ID#, please provide last four digits of SSN

Address: _____
Street *City* *State* *ZIP*

Email Address: _____ Phone number: _____

Out of State Request:

I am applying for certification in the state of _____ and request that UNK verify the following endorsement(s): _____.

I have furnished the necessary forms to UNK's Certification Officer and wish to have the completed form(s) sent to: _____

Forms that contain Social Security numbers will not be returned via email.

Authorization (check one): ☐ Process immediately. ☐ Hold until grades and/or degree and/or endorsement is posted.

Your signature authorizes the UNK Educator Certification office to furnish information required by the indicated Department of Education for educator certification. This may include, but is not limited to, institutional verification form, Praxis scores, and transcripts.

Signature: _____ **Date:** _____

**Educator Certification Office, University of Nebraska at Kearney, COE Rm. C128, Kearney,
Nebraska 68849-5535 Phone: 308-865-8264 eMail: eco@unk.edu**