

CONSENT FORM

Personal Information:

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

UNK Student NUID: _____

Address: _____
Street City State ZIP

Email Address: _____ Phone number: _____

Purpose of Request:

Your signature authorizes the UNK Office of Educator Certification to furnish information required by the Nebraska Department of Education for Nebraska educator certification. This may include, but is not limited to, Institutional Verification form, Praxis scores, and court papers.

Signature: _____ Date: _____

Submit completed form to the Office of Educator Certification.

University of Nebraska at Kearney
Office of Educator Certification
COE C128, Kearney, Nebraska 68849-5535
Email: ECO@UNK.EDU Phone: 308-865-8264