

Nebraska Law Enforcement Act

Certificate of Verification

The Nebraska Law Enforcement Education Act provides a waiver of 100% of the resident tuition charges of law enforcement officers for a period of up to five years. A law enforcement officer, for the purposes of this program, is defined as any person who is responsible for the prevention or detection of crime or the enforcement of the penal, traffic or highway laws of the State of Nebraska or any political subdivision of the state for more than 100 hours per year and who is authorized by law to make arrests.

In order to establish eligibility for the waiver, an applicant must be admitted to the University of Nebraska at Kearney and must complete and sign this application form. Additionally, the student's superior officer at the law enforcement agency at which the student is employed must sign this certificate attesting to the student's satisfactory performance as a law enforcement officer.

Student Name _____ NU ID: _____

Telephone Number _____ Email: _____

By signing this document, I affirm that:

1. I am a law enforcement officer responsible for the presentation or detection of crime or the enforcement of the penal, traffic or highway laws of the State of Nebraska or any political subdivision of the state for more than 100 hours per year and I am authorized to make arrests.
2. I am currently employed by a municipality, sheriff's office, or the Nebraska State Patrol as a law enforcement officer.
3. I am pursuing a baccalaureate degree program that relates to a career in law enforcement.

Signature _____ Date _____

Certificate of Verification of Satisfactory Performance (to be completed by a superior officer)

Supervising Officer Name and Rank _____

Law Enforcement Agency _____

Address _____

Telephone Number _____ Email Address _____

I am the supervising officer for the individual listed above and by my signature I attest the officer has maintained and continues to maintain satisfactory performance as a law enforcement officer with the law enforcement agency listed above.

Signature of Supervising Officer _____ Date _____