



# Nebraska GED Graduates of Distinction Release Form

PO Box 94987 ▪ Lincoln, NE 68509 ▪ Phone: 402/471-2295 ▪ Fax: 402/471-8127

*Bring this form and current photo to your GED Examiner*

*Please Print or Type Clearly*

|   |                 |
|---|-----------------|
| Name:   | E-Mail Address: |
| Phone Number:<br>Home: (    )<br>Cell: (    ) | Home Address:   |

Nebraska GED Testing Center:

My GED Testimonial: *(Use the second page if necessary – no more than 500 words, please)*

My signature below authorizes employees of the Nebraska Department of Education’s Adult Education Program to print my name, testimonial and photograph in promotional material for public distribution.

\_\_\_\_\_ (Signature) \_\_\_\_\_  
(Date)

\_\_\_\_\_ (Witness Signature) \_\_\_\_\_  
(Date)

Name:

My GED Testimonial: *(Continued)*