



Nebraska Seal of Biliteracy

Recipient Reporting Form



Student Information

Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____ E-mail _____

School Information

Name _____
 Address _____
 City _____ Zip Code _____
 Teacher Contact _____
 Verification of Coursework-Class _____ Level _____

Parent Permission (Release of Information)

I, _____, give my permission to release
 (parent name)
 student/testing information for _____ to the Nebraska
 (student name)
 Seal of Biliteracy Committee.

Parent Signature _____ Date _____

Test Completion Information

Assessment Used for Verification _____
 Date of Assessment _____
 Score on Assessment _____

Enclose copy of scored test with this document.

Teacher Disclosure Statement:

I _____ verify that the above student has completed the
(teacher name)
assessment under the terms of the Seal of Biliteracy guidelines.

Teacher Signature _____ **Date** _____

Send required paperwork and \$10 processing fee to:

Rebecca Gill-Rose
2117 Manitou Drive
Lincoln, NE 68521

Or

Nila Jacobson
6730 Burnese Blvd.
Lincoln, NE 68516