A reception will be held for students identifying as Lesbian, Gay, Bisexual, Transgender, Queer or Ally (LGBTQA) graduating from the University of Nebraska-Lincoln during the current academic year. Please check with the LGBTQA Resource Center for information about the date, time and venue.

Family and friends are encouraged to attend!

If you are a LGBTQA-identified student graduating during this academic year and would like to participate, please complete the following and return to: Pat Tetreault, 200 Nebraska Union (0453) or The LGBTQA Resource Center, 345 NU.

For more information call 472.1752 (Pat) or 472.1652 (LGBTQA Resource Center) or email lgbtqa@unl.edu.

Name: _______________________________  Student ID#: ______________________

Email address: _________________________  Phone number: _____________________

Major: _______________________________  Degree: ____________________________

Graduate Date: _________________________

1. Do you have more than one major? If yes, please list:

2. Do you have a minor? If yes, please list:

3. If a presentation is developed to show at the reception, would you like to:
   a. have a photo taken by Student Involvement for use in the PPT? YES  NO
   b. have my comment videotaped? YES  NO
   c. give permission for SI to use your photo, video and comment? YES  NO

4. Do you have an appropriate quote or comment that you would like included in a PowerPoint presentation or the program?
5. Is there a UNL faculty or staff member that you would like to have acknowledged at the ceremony as an advocate – someone who was proactive in providing support and/or guidance to you as an LGBTQA student who made a significant impact in your academic achievement? If yes, please provide the following (for up to 3 people). We will invite each person to the reception and acknowledge their contribution.

a. Name: __________________________   Email address: ______________________
   Phone number: ______________________
   How this person advocated for you and why you would like them recognized as an advocate:

b. Name: __________________________   Email address: ______________________
   Phone number: ______________________
   How this person advocated for you and why you would like them recognized as an advocate:

c. Name: __________________________   Email address: ______________________
   Phone number: ______________________
   How this person advocated for you and why you would like them recognized as an advocate:

By submitting this form I certify that I am graduating during the current academic year and I give LGBTQA Programs, Services & Resource Center permission to verify my graduation status.

Signature: _____________________________   Date: ______________________