



Court Media Credential Badge Application

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New Application for Media Identification Card

Replacement Card

First Name: _____

Last Name: _____

Media Outlet: _____

Work Address: _____

Phone: work: _____ cell: _____

Email: _____

Approved By: _____

News Director or Editor (Please Print)

My organization holds a license from the Federal Communications Commission.

My organization is a newspaper or magazine with regular frequency or publication.

Other: _____

*Please submit a head-and-shoulders photo and this application by attaching a .jpg file of your photo and the saved .pdf of this application to an email and send them to nsc.communications@nebraska.gov.

For Questions/Concerns contact:

Nebraska Supreme Court
Office of Public Information
nsc.communications@nebraska.gov
(402)471-3730

FOR OFFICE USE ONLY

Date of Approval: _____

Authorized by: _____