

Dallas Learning Center

1021 Newberry Dr., Suite 1 • Richardson, TX 75080-4913
972-231-3723 • Fax 972-231-8810 • info@dallaslearningcenter.com • www.dallaslearningcenter.com

TO: DLC Parents/Students

RE: Transcripts

This letter concerns students transferring to another school or going to college. In order to be accepted to a high school or college, you must first provide the institution with your high school transcript. This transcript must be requested from the Independent Study High School. However, before you request a transcript, please call Debby Bartz at 402-472-4327 at the High School to confirm that all courses on the student's last DLC grade report have been processed. Do not request a transcript until the work has been processed or the transcript will be incomplete.

The bottom half of this letter is a form you may use to request the transcript from the Independent Study High School. The first copy of your transcript is provided free of charge as are all copies provided to the high school you are currently enrolled in or are seeking to enroll in. All duplicate copies beyond this carry a processing fee of \$5.00 each. For records three years old or older an automatic \$5.00 processing fee per transcript copy applies. If requesting more than one transcript, checks should be made out to the University of Nebraska. Send forms to:

Transcript Department
UNL Independent Study High School
900 North 21st Street
P.O. Box 888400
Lincoln, NE 68588-8400
Fax 402-472-1901

The University of Nebraska will only have a record of courses taken while the student was enrolled in the Independent Study High School. It is up to the parent/student to request transcripts from any other high schools the student attended prior to enrolling in the Independent Study High School. It is important to request transcripts from private schools immediately following graduation.

If you have any questions, please contact the Dallas Learning Center at 972-231-3723.

Student Name: _____

Student ID: _____

I request my transcript to be sent to:

Recipient Name _____

School _____

Address _____

City _____ State _____ Zip _____

Please sign below. Transcripts will not be processed without proper signatures.

Parent/Guardian signature (student is under 18 years of age)

_____ Date _____

Student signature (student is 18 years or older)

_____ Date _____