



LOCAL SCHOOL APPROVAL FORM

Student Information

First Name Last Name

UNHS ID# [grid]

Why are you completing this form?

- checkbox New proctor
checkbox Update or change proctor for existing registration
(provide the new information below)

Registration and Proctor Approved By:

First Name Last Name

Title

Signature Date

School or Organization

Street Address

City

State/Province/Country ZIP

Phone (Business) (Home)

Email Fax

Courses (List all courses by title to be approved):

Multiple horizontal lines for listing courses.

Proctor Information:

First Name Last Name

Position/Job Title

School or Organization

Street Address checkbox School/Business checkbox Home

City

State/Province/Country ZIP

Phone (Business) (Home)

Email Fax

The Proctor Is (select one):

- checkbox Not related to the student
checkbox Related to the student. Relationship: _____

Send this completed form to:

Mail: University of Nebraska High School
206 S 13th St Ste 800
PO Box 880226
Lincoln, NE 68588-0226

Fax: (402) 472-1901
Email: highschool@nebraska.edu
Phone: (402) 472-3388
Toll-Free (866) 700-4747

