



COLLEGE VISIT FORM

Please immediately complete and return this form to the high school attendance office after a college visit and upon return to school.

NOTE: A student's parent/guardian must call the school attendance office to report the absence prior to being absent.

*Anderson: 232-2772 * Turpin: 232-7770*

Student Name: _____

College/University Name: _____

Date(s) of Visit: _____

SIGNATURES

I verify by my signature below that the above named student visited the above named college/university regarding possible admission on the date(s) listed above.

College/University Representative Signature: _____ **Date:** _____

College/University Representative Printed Name: _____

College/University Representative Email Address: _____

College/University Representative Phone Number: _____

Parent Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Assistant Principal Signature: _____ **Date:** _____