

# College Visit Permission Form

This form must be signed by each teacher whose class you will be missing and submitted **before** you take your visit day.

Student Name \_\_\_\_\_

Date this form was obtained \_\_\_\_\_

Name of College you are visiting \_\_\_\_\_

Date(s) of visit \_\_\_\_\_

Teacher's Signature	Name of Class
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Signature of Parent/Guardian \_\_\_\_\_

Guidance Signature \_\_\_\_\_ Date \_\_\_\_\_