

**COLLEGE REP VISIT PERMISSION SLIP**

Name \_\_\_\_\_

College \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Please present this permission slip to your teacher before the beginning of the class period that you plan to miss. He/She should sign at the bottom of this slip if you have permission to attend the college visit. Turn slip into Mrs. O'Hara in Counseling Center upon arrival for the college visit.  
Remember, you are responsible for all missed classwork.

Teacher Signature \_\_\_\_\_

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