



EMBRACE CHALLENGE,
DISCOVER YOURSELF.

COLLEGE COUNSELING PROGRAM

OFF-CAMPUS COLLEGE VISIT PERMISSION FORM

For Seniors only. This form should be given to the College Office at least one (1) week prior to the proposed visit. **It must be signed by all appropriate faculty members and coaches, and by a parent or guardian.**

STUDENT: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE(S) OF VISIT: _____

COLLEGE(S): _____

FACULTY AND COACH SIGNATURES:

TEACHER: _____

TEACHER: _____

TEACHER: _____

TEACHER: _____

TEACHER: _____

TEACHER: _____

TEACHER: _____

COACH: _____

STUDENT SIGNATURE: _____

Please return to Mrs. Barish in the Front Office.
Front Office Notified On _____ by _____