



Western High School
College Visit Permission Form

Please complete this form and return it to the WHS Office two (2) days before your scheduled college visit.

Today's Date _____

Date Of Visit _____

Student Name (print) _____

College/University To Visit _____

My child has my permission to visit _____
(college/university name), on the date listed above.

Parent Name (print) _____

Parent Signature _____

For WHS Office Use Only

of college visit days to date for this student _____

Approval of WHS Administration/Counselor _____

****Evidence brought back to WHS of this college visit (please circle one)**

Letter from college faculty

Email from college faculty

Confirmation form from college Other _____

****Confirmation from WHS Office _____ (please initial)**

“Panther Pride”