

THOMAS COUNTY CENTRAL HIGH SCHOOL

# COLLEGE CAMPUS TOUR VERIFICATION FORM

## Greetings TCCHS Student!

On behalf of the Counseling Department, we encourage you to visit college and university campuses you are interested in attending after high school.

Student Name: \_\_\_\_\_ Date of visit: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Adult/Guardian attending: \_\_\_\_\_

Notes:

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**Tammy Shealey**

*TCCHS Senior Counselor*

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

----- Please Bring this form to TCCHS attendance clerk -----

### To the College/University

*Please verify attendance of this student on your campus.*

### College/University Representative

Name:

Title/Department:

Work number: