



Denison High School College Visit Verification Form



STUDENT NAME: _____

DATE(S): _____

Note to admissions office: For accurate attendance records, we ask that you verify that this student was present for a visit at your college on the dates indicated. You may complete this form, which he/she will return to our office. Please be sure to include the information requested on this form. Thank You.

NAME OF COLLEGE: _____

ADDRESS: _____

PHONE #: _____

NAME OF CONTACT: _____

ADMISSIONS OFFICE CONTACT SIGNATURE & EMAIL:

