

## ***Pass for College Representative Visit***

Complete the information below and submit to your teacher at least **24 hours** prior to the college visit.

This signed form must be brought with you to the designated visit.

If you do not have the form or it is not signed, you will not be able to attend the college visit.

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**College Visiting:** \_\_\_\_\_

The above student has signed up to attend a college information session in the School Counseling Office. If you approve his/her attendance, please sign below and excuse the student at the scheduled time.

Teacher Approval: \_\_\_\_\_

**\*Students are responsible for making up any missed work during the time of the College Representative's Visit.**