

Mrs. Jennifer Strawderman, Principal

Mr. Chad Williams, Assistant Principal

College/Military Visit Verification Form

1. Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Place of school/institution of scheduled visit
3. Name & number of representative to confirm visit
4. Signature and date of principal/designee verifying prior approval.

1. Signature and date of parent signifying approval.

1. List reason for visit.

**FOR ANY STUDENT TO BE EXCUSED TO VISIT A COLLEGE CAMPUS,**

**THIS FORM MUST BE COMPLETED. WITHOUT APPROVAL, THIS**

**ABSENCE COULD BE DETERIMINED AS UNEXCUSED.**

I authorize the above student to be excused for a visit on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (date of absence)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approval granted Principal/designee & verification date