

**VOORHEES HIGH SCHOOL**

**COLLEGE VISITATION AUTHORIZATION FORM**

NAME OF STUDENT \_\_\_\_\_

COLLEGE/UNIVERSITY TO BE VISITED \_\_\_\_\_

DATE OF INTENDED VISIT \_\_\_\_\_

Student signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Visitation forms must be submitted a minimum of three (3) days prior to visit to Guidance Counselor.

Upon return to school, the student must provide within five (5) days written verification on school letterhead of their campus visit which must include date and time of visit. Please return verification to the attendance office.

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