



COLLEGE VISIT VERIFICATION

Student's Name: _____

Date of College Visit: _____

Name of College: _____

Name of College Official: _____

Signature of College Official: _____

Title of College Official: _____

Please make sure you prearrange this absence with all your teachers, otherwise it will not be excused.

Complete the attached Campus Visit Report.

SIGNATURE OF OHS TEACHERS:

1ST HOUR: _____

2ND HOUR: _____

3RD HOUR: _____

4TH HOUR: _____

5TH HOUR: _____

6TH HOUR: _____

7TH HOUR: _____

MAIN OFFICE: _____

Please return to the Attendance Secretary.