



COLLEGE VISIT PERMISSION SLIP

Name _____ Grade _____

Has permission to visit with the College Representative

From _____
(Name of college)

On _____
(date)

Time _____

Teacher Signature _____

ALL PERMISSION SLIPS MUST BE RETURNED TO THE OFFICE PRIOR TO THE VISIT!

****Please note: permission slips will NOT be accepted after 7:45 a.m. the day of the visit!**