

**SEYMOUR HIGH SCHOOL
REQUEST FOR COLLEGE VISITATION**

I, _____, request that I be allowed to visit

_____ on _____

(Name of College)

(Date)

I understand that all assignments and tests are to be made up as my teachers prescribe. I further understand that it is my responsibility to check with my teachers as to when I may make up missed tests.

Signed: _____

I approve this request of my child to be absent from school in order to visit the college identified above.

Signed: _____ Date: _____

Signed: _____

Counselor

**THIS FORM MUST BE ON FILE WITH MRS. SPIVEY AT LEAST ONE
SCHOOL DAY BEFORE VISITATION IS TO BE MADE.**

SEYMOUR HIGH SCHOOL

Phone: (812) 522-4384

Fax: (812) 522-4462

1350 W. 2ND STREET

SEYMOUR, IN 47274

COLLEGE VISIT VERIFICATION FORM

NAME _____

DATE _____

NAME of COLLEGE OR TRADE SCHOOL _____

NAME OF COLLEGE OFFICAL _____

TITLE _____

**This form must be completed by college/trade school official
and returned to Mrs. Spivey when you return to SHS.**