

WEST CHESTER AREA SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE

APPROVED: November 28, 2016

REVISED: 9113/2019

204AG2 College Visit Permission/Verification Form

Name of Student: _____

Name of College/University: _____

Date of Visit: _____

I approve don't approve this visit: _____
(Principal or designee signature)

If not approved, reason for disapproval: _____

Visit
Verification: _____
(signed by representative of the College/University)

Parent/Guardian
acknowledgement: _____
(Parent/Guardian signature)