

**WEST CHESTER
AREA
SCHOOL DISTRICT**

ADMINISTRATIVE GUIDELINE

APPROVED: November 28, 2016

REVISED:

204AG2 College Visit Permission/Verification Form

Name of Student: _____

Name of College/University: _____

Date of Visit: _____

I approve/don't approve the visit:

Principal or designee signature: _____

If not approved, reason for disapproval: _____

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