

COLLEGE OR TECHNICAL/VOCATIONAL
VISITATION REQUEST FORM

Schools must have at least one full weeks notice for appointment

Today's Date

I am requesting a visitation day for my son/daughter to

(Name of School) on (Date)

Student Name

Street/Rd Address

P. O. Box

City, State, Zip Code

Home Phone No

Work Phone No

***Please use the College Handbook in the Guidance Office for the following info.**

Name of College or Technical/Vocational School

Phone No. of Admissions Office

Program of Study

Person making appointment

Student/Parent/Guardian

****Teachers must be notified**

Teachers Signatures

Parent Signature

Confirmed Visitation Date

(Counselor)