



**West Essex Regional School District**  
**Guidance Department**  
**College Visit Form**

**Procedure: This form is to be brought to your guidance counselor for verification and must include your parent's signature. Have the bottom section filled out during your college visit and return the form to the attendance office when you return to school.**

**Students Name:** \_\_\_\_\_

**Name of College:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

Guidance Counselor's Verification:

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Approval:

I approve of this visit and understand that all work missed on this day is the responsibility of my son/daughter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide the following as verification of your visit to the college:**

**Business Card**

**Letterhead**

\_\_\_\_\_  
Signature of College/School Rep

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of College or School

\_\_\_\_\_  
Date of Visit