



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