



# COLLEGE VISIT VERIFICATION

**\*\* Please Return to WHS Counseling Office within 48 hours of returning back to school. \*\***

Date of visit: \_\_\_\_\_

(Please print) Name of University/College:

\_\_\_\_\_

(Please print) Name and Position of University/College Official:

\_\_\_\_\_

Signature of University /College Official:

\_\_\_\_\_

Address and Phone Number

\_\_\_\_\_

**PLEASE PLACE OFFICIAL SCHOOL STAMP HERE:**

To be filled in by student:

Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Current Grade Level \_\_\_\_\_

\_\_\_\_\_