



COLLEGE VISIT VERIFICATION

**** Please Return to WHS Counseling Office within 48 hours of returning back to school. **You will continue to receive attendance calls until we receive this form** ****

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 _____
