

COLLEGE VISITATION FORM
LANIER HIGH SCHOOL
CAREER CENTER – Counseling Office
918 Buford Highway
Sugar Hill, GA. 30518
678-765-4769

This form must be signed by your Parent /Guardian, Attendance Clerk, all your Teachers, and your Counselor NO LESS THAN 3 DAYS prior to your scheduled visit.

_____ will be visiting:
_____ on _____

My son / daughter has my permission to visit the above named college on the requested date.

Parent's Signature: _____ Phone: _____

Attendance: _____ Counselor: _____

TEACHERS

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

COLLEGE VERIFICATION

Date: _____

School Official's Name / Title: _____

Telephone Number: _____

School Seal or Stamp:

NOTE: Student **must** have the visit verified by a college official to receive an excused absence in order to make up work.