

**College Visitation  
Verification Form  
Licking Valley High School**

(To be completed 3 days prior to visitation)



**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**College to visit** \_\_\_\_\_

**Date of scheduled visit** \_\_\_\_\_

**LVHS attendance secretary approval** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_

\_\_\_\_\_  
*To be completed by College/University*

**Student noted above DID participate in a scheduled College/University visit on \_\_\_\_\_ (date).**

**Signature of College/University personnel** \_\_\_\_\_

*Return this form to the LVHS attendance secretary the day after your visit.*