College/University Attendance Verification Form

Today’s Date:__________________________

Student Name:_________________________ Student ID:__________________________

Parent Signature: :__________________________

The following portion is to be completed by College/University Official at the time of visit.

________________________________    __________________________
College/University Name                  Date of Visit

________________________________    __________________________
College/University Official Signature    Title

________________________________
Phone

* * Student must bring in form to the Attendance Office upon return to school. * *