

College Visit Parental Permission Slip

_____ has my permission to visit _____
student's name college/university

on _____ . The campus visit will begin at _____ and end
date time

approximately at _____ .
time

Parent's signature _____

Dear Classroom Instructor,

Please excuse _____ he/she will be making a college visit on _____ . This student is aware that any assignments missed during your class will need to be completed in a timely manner. If a test or quiz is missed the student will make it up the day he/she returns. If there are concerns regarding this visit please contact the student or parent/guardian as soon as possible.

Instructor's initials

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____