

U.S. Department of Education Blue Ribbon School of Excellence

## **College Visitation Request Form**

Student Name:	_
Student ID #:	_
College Visiting:	_
Date of Visit:	_
Student Signature:	_
Parent Signature:	_
Principal Signature:	_
PLEASE NOTE: If a seal or stamp is not available, a letterhead is required. This form must be signed by returned to the sub-school before the absence can	the college representative and
College Representative Signature:	
Phone Number:	_
Date:	