

DATE _____

REQUEST FOR RELEASE TIME

_____ has my permission to
visit _____ on _____

Parent/Guardian Signature

Counselor Signature

- You will need to have a scheduled appointment prior to your visit.*
- You will need to bring back the bottom portion of this slip, signed and dated by a College/ University Official.*

VERIFICATION OF OFFICIAL COLLEGE/UNIVERSITY VISIT

**Sharpshville High School student _____ completed
an official visit to _____ on**

_____.
Time/Date

Signature of College/ University Official

(Please attach any other form of verification you deem appropriate. Ex. Parking pass, official school postcard, meal voucher)