



ARCHBISHOP CURLEY

H I G H S C H O O L

COLLEGE VISIT PERMISSION FORM

Student Name _____

Name of College/University _____

Date(s) of Visit _____

I request that my son, _____, be released from school to visit and / or honor an appointment at the above named school.

Parent Signature

Date

This request has been approved. This absence will be recorded as a counselor excused absense in the school attendance records once the student provides a letter from the visited school stating they visited on the above date.

Couonselor Signature

Date