



# Denison High School College Visit Verification Form

**STUDENT NAME:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_

*Note to admissions office: For accurate attendance records, we ask that you verify that this student was present for a visit at your college on the dates indicated. You may complete this form, which he/she will return to our office. Please be sure to include the information requested on this form. Thank You.*

**NAME OF COLLEGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**NAME OF CONTACT:** \_\_\_\_\_

**ADMISSIONS OFFICE CONTACT SIGNATURE & EMAIL:**

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