



Cedar Cliff High School College Visitation Validation Form

In order for your college visitation to be accepted and counted as an excused absence, please complete the following. This form must be returned within three (3) days of the student's return to school in order to be marked as an excused absence.

Student Name: _____ **Grade:** _____

Name of School Visited: _____

Date of Visit: _____

Signature of College Staff Member: _____

Title: _____ **Phone Number:** _____

***Parent's signature below verifies that this student visited the above institution on the date indicated.*

Parent Signature: _____ **Date:** _____