Licking Heights High School College Visitation Authorization Form

		Date of Visit	
Name of Student			
Name of Institution to B	e Visited		
	re of your parents, coun	n completing this form. You <u>must</u> have selor and principal before obtaining	
leave from normal schoo (Absence will count aga	ol classes in order to visi inst 6-day attendance rul E (1) SCHOOL DAY IN	ollege are permitted to have a (1) day t a college they anticipate attending le.) ARRANGEMENTS MUST BE ADVANCE TO INSURE ED ABSENCE.	
APPROVALS:	Signature of Parent:		
	Number of Previous Visits:		
	Signature of Counselor:		
Students must obtain clearan responsibilities for the above		pal: l notify student of assignments and	
PERIOD	SUBJECT	TEACHER'S SIGNATURE	