

Denison High School Guidance Office
College Visit Request

Student's Name _____

Social Security # _____

Address _____

Phone # _____

Email address _____

Name of College you wish to visit _____

Date of Visitation (1st
choice) _____

(2nd
choice) _____

Career/Academic Interest Area:

Athletics/Activities Interests _____

Visit with a coach? _____

Earliest Arrival Time? _____

Parents going with you? _____

Parents'
Approval _____ (Signature)

Return this form to DHS Guidance Office where the visit
will be scheduled for you. This form will be returned
to you after the visit is confirmed by the college.

Confirmed/Approved by college _____ Yes _____ NO