**Verification of College Visit**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Information:

Triopia Jr. Sr. High School

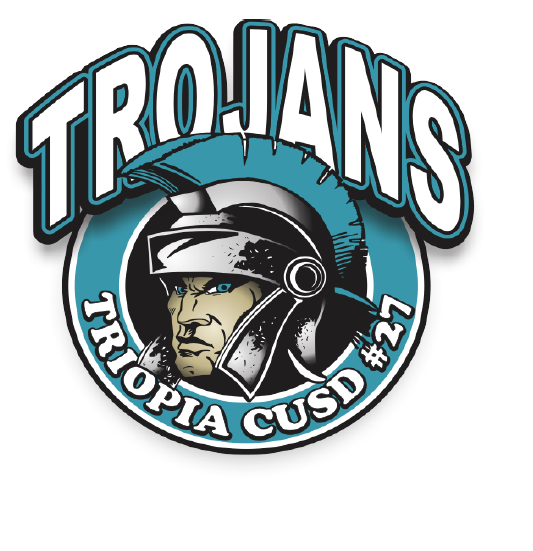
2204 Concord-Arenzville Road

Concord, IL 62634

Counselor: Amanda Surratt

217-457-2281 ex. 27

asurratt@triopiacusd27.org

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| --- | --- |
| Name of College/University | Date(s) of College Visit |
| Printed Name of College Representative | Title |
| Signature of College Representative | Telephone Number |

My signature above verifies that the above-named student visited our campus as follows:

Visit consisted of:

* + Tour of campus
  + Tour of department
  + Official Athletic Visit
  + Assessment
  + Financial Planning
  + Admissions Office
  + Recruitment
  + Other: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_