**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

 ****

|  |  |
| --- | --- |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_