



C. E. Byrd High School
3201 Line Avenue
Shreveport, La. 71104
(318) 869-2560
(318) 868-4623, fax

College Visit Form

1. Form must be completed and signed by the parent and student prior to submitting the form to the counseling office for a signature. Please do this several days in advance of your visit to allow for processing.
2. After obtaining a counselor signature, pick up your form in the counselor's office before leaving for your visit.
3. Have a college representative sign and date the form for documentation.
4. When you return to school, take the form to Ms. Samuel in the attendance office to excuse your absence.

Student ID#: _____

_____ will visit _____
(Print Student Name) *(College/University)*

in _____ on _____
(City, State) *(Date(s))*

(Student Signature) *(Parent Signature)*

APPROVED _____
Counselor Signature Date

A college/university representative must verify the student visit by affixing a signature and/or seal below for the day(s) to be recorded as excused.

(Representative Signature and/or seal)