

**ROSLYN HIGH SCHOOL  
COUNSELING CENTER**

**COLLEGE VISIT PASS/APPROVAL FORM**

**NOTE: Students must be pre-registered on Naviance to attend any college visit.**

Name

\_\_\_\_\_

College \_\_\_\_\_ Period \_\_\_\_\_

**To Classroom Teacher:**

The above named student is requesting permission to attend the above college meeting in the counseling center. Please sign below if you approve. Students must obtain permission prior to the program and understand that it is their responsibility to arrange for make-up work.

**To Student:**

After this form is signed by your classroom teacher, please return it to the counseling center for attendance purposes. You may not attend the college meeting without the prior approval of your classroom teacher.

Name of Teacher:

\_\_\_\_\_

Class and Period:

\_\_\_\_\_

Teacher's Signature

\_\_\_\_\_

College Visit Pass