

**BARR-REEVE JR.-SR. HIGH SCHOOL
627 NORTH THIRD STREET
MONTGOMERY, INDIANA 47558
PHONE: (812) 486-3265
FAX: (812) 486-2829**

COLLEGE VISIT DAY VERIFICATION FORM

This is to acknowledge that _____
(Student's Name)

was in my office on _____ to discuss educational plans.
(Date)

(Official's Signature)

(Name of Institution)

This form must be returned by the student to the Principal's Office the day following visitation
in order to be considered as an excused absence.