Wauzeka-Steuben High School

Wauzeka-Steuben College Visit Form

To Whom It May Concern,

In order to verify attendance, we request that the following information be completed. We appreciate your help and cooperation in helping our students with their career exploration and post-secondary planning.

Please verify that _____

Student Name (Please Print)

was present on your campus and/or at your office for post-secondary planning

purposes on _____.

(Date)

Name of Institution: _____

(College/Technical School/Branch of Service)

_____ _____

Name and Job Title Phone Number

WSHS student please return this verification form to the Wauzeka-Steuben main office upon your return to school.