

PERMISSION SLIP

College/University: _____

Speaker: _____

Date: _____

Time: _____

Class Period: _____

Location: _____

Host: Mr. Weddington, College Guidance Counselor

Student Name: _____

Period ____ Teacher: _____

Period ____ Subject: _____

I hereby excuse _____ to attend a

College/University Presentation, as specified by the details above.

Teacher Name (Print): _____

Teacher Signature: _____ Date: _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____