

WAUBONSIE VALLEY COLLEGE & CAREER CENTER TEACHER PERMISSION FORM

I give my permission for _____ to be
(Student Name) (ID#)

absent from my class on _____ period _____ to attend a college visit.
(Date)

He/She is passing my class and can make up any missed work.

(Teacher's name **Please Print**) (Teacher's Signature) (Date)

This form will be returned to teacher's mailbox to verify attendance. Students are responsible for any content missed during class on the date of the college visit.

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