

Morris Community High School  
1000 Union Street  
Morris, Illinois 60450  
(815) 942-1294

**COLLEGE DAY REQUEST**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

I request a college day on \_\_\_\_\_ to visit \_\_\_\_\_  
Date Name of School

The purpose of this visit is as follows: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_ has my permission to take a college day as  
requested above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_  
Senior Counselor Signature

High School Office Notification

\_\_\_\_\_  
Signature

To the College Official: \_\_\_\_\_ Date: \_\_\_\_\_

Please verify the above student's visitation to your campus by providing the information  
requested below. Thank you for your assistance.

\_\_\_\_\_  
College Official Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone Number

**FAILURE TO RETURN THIS COMPLETED FORM TO YOUR COUNSELOR UPON  
YOUR RETURN TO SCHOOL WILL RESULT IN AN UNEXCUSED ABSENCE.**