

ILLINOIS STATE  
UNIVERSITY



University High School

Campus Box 7100  
Normal, IL 61790-7100  
Telephone: (309) 438-8346  
www.uhigh.ilstu.edu

Date: \_\_\_/\_\_\_/\_\_\_\_

Dear Administrator:

The following student at your school is requesting to visit University High School on the date indicated below. This form is used for authorization in order for the visit to take place.

Name of Student: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Visitor's School: \_\_\_\_\_

We prefer to schedule these visits on days when your school is not in session.

Is your school in session on the date of the visit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is approval granted for student to miss? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this student in good standing regarding conduct? Yes \_\_\_\_\_ No \_\_\_\_\_

Administrator's signature, if approval is granted \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_

Parent or Guardian's printed name: \_\_\_\_\_

Parent or Guardian's address: \_\_\_\_\_

Parent or Guardian's phone number: \_\_\_\_\_

Please return this completed form to the U-High Main Office 7 days prior to the requested visitation date either in person, or by fax at (309) 438-5198.

The student will be a visitor of \_\_\_\_\_

(Name of University High School Student)

Thank you for your attention,

A handwritten signature in blue ink that reads "Stephen M. Wilder".

Stephen M. Wilder  
Assistant Principal  
University High School

For Office Use Only:



Approved



Not Approved