



**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

University High School

Campus Box 7100
Normal, IL 61790-7100
Phone: (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 seven (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 interest,

Andrea Markert

Andrea Markert
Assistant Principal
University High School

For office use only	
<input type="checkbox"/>	<input type="checkbox"/>
Approved	Not Approved