

KLEIN INDEPENDENT SCHOOL DISTRICT

College Attendance Verification

Klein Student ID# \_\_\_\_\_

Campus: \_\_\_\_\_

LEGAL Name of Student: \_\_\_\_\_  
(Please Print)                      Last                                      First                                      Middle

Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

College Visited: \_\_\_\_\_

Date(s) of Visit: \_\_\_\_\_

\*\*\* *(MUST attach letter from college verifying date/time of visit.)* \*\*\*

SIGN HERE: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_  
College Recruiter/Counselor

SIGN HERE: \_\_\_\_\_ Date:     /     /  
Student Signature

SIGN HERE: \_\_\_\_\_ Date:     /     /  
Parent Signature

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Upon return to school, submit your completed form to the attendance office