



COLLEGE VISIT FORM

Brandon Valley High School
301 South Splitrock Blvd.
Brandon, SD 57005
605-582-3211

STUDENT INFO

Name _____

Grad Year _____

POST-SECONDARY SCHOOL INFO

School Name _____

Date _____

Signature of School Official _____

Position of School Official _____

We encourage our students to explore their post-secondary school options. The signing of this verification form allows the above-named student to be excused from school that day.

