## **Conroe Independent School District**

## **CV** Verification

4 I 4 ID#		C 1
Student ID#		Grade
Date(s) of CV_		
heir campus. T	rsity representative complete the hen return completed form to t	he Attendance Office after
	rify that the student nam	
visited	Name of college or unive	ersity
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on purpose of dinstitution.	Name of college or universal Date(s)  letermining his/her interest  ty Personnel Signature	ersityfor the est in attending this

LEA 170902 Last Updated 08/9/23