

ATTENDANCE VERIFICATION CHANGE FORM

Student's: fill out the first two lines, and email to your teacher.

Student Name: _____ SID: _____

Date: _____ Period: _____ Attendance Marked: _____

Teacher's: Please indicate the appropriate attendance and submit to the attendance office at ***herndonhigh.attendance@fcps.edu***

Present UNV UNT EXT CUT

Teacher's Name: _____ Teacher email: _____