



Please return completed forms to the Registrar's office

Community Service Verification Form

Student Name: _____ Current Grade: _____

Reported hours should be hours of actual work, not counting sleeping, eating, traveling, etc.

Briefly describe the service(s) performed: _____

Date(s) of service(s) performed: _____

Hours completed: _____

Organization name: _____

Representative printed name: _____

Representative signature: _____ Phone: _____

For Office Use Only:

Date Submitted: _____ Hours credited: _____ Approved: _____