

Received by	_(name)
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on (date) at	_ (time).

## **COMMUNITY SERVICE VERIFICATION FORM**

		TO BE COMPLETE	D BY THE STUDENT			
Name: E-mail:			DI .			
	orm, I authorize S he information pro		Community Standards to contact	ct the organization/individual		
	Student	Signature	· · · · · · · · · · · · · · · · · · ·	 Date		
	TO	BE COMPLETED B	Y THE SITE SUPERVISOR			
Name of organ	nization:					
Address:						
	mail:			Phone:		
Date	Time In	Time Out	Duties	Total Hours		
			<b>T</b> ( )   0   1 ( )			
			Total Hours Completed:			
Vere all servic	e hours complet	ed in person?`	es No			
oes the stude	ent have any pre	-existing affiliation, co	mmitments or relationships v	with the organization?		
Yes			·	-		
	Signature		<del></del>	Date		
-	Title	e/Role	·	E-mail		