

Received by _____ (name)
in the Office of the Dean of Students
• in person • electronically • via mail
on _____ (date) at _____ (time).

COMMUNITY SERVICE VERIFICATION FORM

TO BE COMPLETED BY THE STUDENT

Name: _____ Campus ID: _____
E-mail: _____ Phone: _____

By signing this form, I authorize Student Accountability & Community Standards to contact the organization/individual below to verify the information provided.

Student Signature Date

TO BE COMPLETED BY THE SITE SUPERVISOR

Name of organization: _____
Address: _____
E-mail: _____ Phone: _____

Date	Time In	Time Out	Duties	Total Hours
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