Student Name:__________________________________________________________

Advisor:________________________________________________________________

The above named student is seeking to satisfy his/her graduation requirement of 100 Community Service hours. Please verify their service below. Be sure to include a brief description of the service provided. (This form should not be signed by a family member.)

**MUST BE COMPLETED AT A VERIFIABLE NON-PROFIT ORGANIZATION**

### Community Service Verification

<table>
<thead>
<tr>
<th>Date of Service:</th>
<th>Time In:</th>
<th>Time Out:</th>
<th>Total Time:</th>
</tr>
</thead>
</table>

Brief Description of service provided:

Official’s Signature: ___________________________ Date Signed: ______________________

Official’s Title:________________________________________

Non-Profit Organization Name: __________________________ Phone: ______________________

### Community Service Verification

<table>
<thead>
<tr>
<th>Date of Service:</th>
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</tr>
</thead>
</table>

Brief Description of service provided:

Official’s Signature: ___________________________ Date: ______________________

Official’s Title:________________________________________

Non-Profit Organization Name: __________________________ Phone: ______________________