

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 COMPLETE	ED BY THE STUDENT		
lame: -mail:			Dhana		
	orm, I authorize S he information pro		Community Standards to contac	ct the organization/individua	
	Student	Signature		Date	
			Y THE SITE SUPERVISOR		
ame of organ	ization:				
	Phone:				
Date	Time In	Time Out	Duties	Total Hours	
			Total Hours Completed:		
loro all aam :-	o houro cometa	tod in noroca?	•	,	
oes the stude	ent have any pre	ted in person?` -existing affiliation, co	res No mmitments or relationships v	vith the organization?	
Yes	N0				
	Signature			 Date	
	Titl	e/Role		E-mail	