

STUDENT'S NAME

Community Program

COMMUNITY SERVICE LETTER OF VERIFICATION FORM

DATE	TIME IN	TIME OUT	TOTAL HOURS PER DAY	DESCRIPTION OF SERVICE
I WITNESS THAT THE ABOVE STUDENT HAS COMPLETED THE COMMUNITY SERVICE DESCRIBED ABOVE				
SIGNATURE	OF CONTA	CT PERSON	I	
NAME OF C	ONTACT PE	ERSON [PLE	ASE PRINT]	
CONTACT P	PHONE NUM	IBER		