

COMMUNITY SERVICE VERIFICATION FORM

To be completed by a community-service supervisor when verification is requested. Applies to either award category.

Student name

Organization / agency

Supervisor / contact person	Title
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Supervisor phone	Supervisor email
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Dates of service	Total verified hours
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Briefly describe the service performed by the student

I certify that the information above accurately reflects the service performed by the student.

Supervisor / authorized representative signature	Date
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