**COMMUNITY SERVICE LETTER OF VERIFICATION FORM**

NAME:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of | Time | Number |  |
| service | served: | of hours |  |
|  | from when | served: | Description of what you did while there |
|  | To when? | [total] |  |
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|  |  |  |  |

I witness that the above student has completed the community service described above.

 Signature of Contact Person

 Name of Contact Person

 Contact Phone Number