Community Service Verification Form

Student Name: _____ UIN: _____

Event or Service Preformed: _____ Date: _____

Description of Service Preformed: _____

_____

_____

_____

_____

Supervisor: _____

To be filled out by Supervisor

Numbers of Hours Student Worked: _____

Comments: _____

_____

_____

_____

_____

Signature: _____

Supervisor's E-mail Address (if additional questions are necessary):

_____

Student Signature: _____