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on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

## COMMUNITY SERVICE VERIFICATION FORM

### TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_ Campus ID: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form, I authorize Student Accountability & Community Standards to contact the organization/individual below to verify the information provided.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE SITE SUPERVISOR