COMMUNITY SERVICE VERIFICATION LETTER

This is to confirm that	Your Name	has complete	d # of Hours
of community service on _	Event Date	at Event Location	n
through participating in an or run by Sponsoring Organi	Duties Performed	_ coordinated	
Student's Signature:			
Student's Name:	Please print your n	ame	
Coordinator's Signature: _			
Coordinator's Name:	Please print your n	lame	

For Events lasting multiple days.

Date	Number of Hours	Signature of Coordinator