## **2027 Community Service Project Verification Form**

Student l	Name				
Director .	Approval	******			
Descripti	on of Service_		**************************************		
The stude		ve has successf	ully completed	l a service proj	ect for this
Printed I	Name of Super	visor			
Superviso	or's Address				
Telephon	ne Number				
Superviso	or's Signature_				
Date	Hours	Date	Hours	Date	Hours

Total hours