

Service Verification Form

Student Name: _____ Date: _____

Grade: _____ Homeroom: _____

Guidance Counselor: _____

Description of Service:

When the Service Took Place

Date	Number of Hours	Supervisor's Signature	Title	Phone Number

TOTAL NUMBER OF HOURS: _____

Parental Validation: I, the parent/guardian of the above-named student certify that he/she performed the service described above at the times listed.

Parent Signature: _____ Date: _____

Guidance Counselor Signature: _____ Date: _____