**UNIVERSITY OF CALIFORNIA, SAN DIEGO**

**COMMUNITY SERVICE VERIFICATION**

**STUDENT INFORMATION**

STUDENT NAME: ____________________________________________________________

STUDENT E-MAIL/PHONE: __________________________________________________

STUDENT COLLEGE: _______________________________________________________

NUMBER OF SERVICE HOURS: _________________________  DEADLINE: ____________

**AGENCY INFORMATION**

AGENCY/GROUP: __________________________________________________________

AGENCY CONTACT: ________________________________________________________

AGENCY TAX ID #: _______________________________________________________

TITLE: __________________________________________________________________

PHONE: __________________________________________________________________

**DESCRIPTION OF COMMUNITY SERVICE HOURS (PLEASE USE ADDITIONAL SHEETS IF NECESSARY)**

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<tr>
<th>Date</th>
<th>Task Performed</th>
<th># Of Hours</th>
<th>Contact Initials</th>
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**CERTIFICATION**

I certify this student completed the hours and tasks described on this form.

_________________________________  ________________
Agency Contact Signature          Date

Once all fields of this form are completed (including Tax ID #) please return to the Student Conduct Officer (i.e. Dean, Resident Dean, Assistant Resident Dean) who issued your sanction.