

UNIVERSITY OF CALIFORNIA, SAN DIEGO

COMMUNITY SERVICE VERIFICATION

STUDENT INFORMATION

STUDENT NAME: _____

STUDENT PHONE: _____

NUMBER OF SERVICE HOURS: _____

DEADLINE: _____

AGENCY INFORMATION

AGENCY/GROUP: _____

AGENCY CONTACT: _____

AGENCY TAX ID #: _____

TITLE: _____

PHONE: _____

DESCRIPTION OF COMMUNITY SERVICE HOURS

Date	Task Performed	# Of Hours	Contact Initials

CERTIFICATION

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

Agency Contact Information

Date

Once all fields of this form are completed (including Tax ID #) please return in-person, via fax or email to the Student Conduct Hearing Officer that issued you your Sanction.