

**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.