

**Community Service Verification Form
Department of Student Life
Presbyterian College**

To Be Completed by Student:

Name of Student	
Student I.D. Number	
Email Address	
Campus Phone Number	

Description of Service Provided _____

Where Hours Were Performed	
Number of Hours Performed	
Agency Contact Name	
Agency Contact Phone Number	
Agency Orientation Required (yes or no)	

To Be Completed by Agency Contact:

I verify that _____ performed _____ hours of service at

Print Student's Name

Number of Hours

Print Location Where Hours Were Completed

Agency Contact Signature

Date