



ALAMEDA UNIFIED SCHOOL DISTRICT Graduation Requirements



COMMUNITY SERVICE VERIFICATION FORM

Student Name _____ Grade _____ Class of _____

Name of Agency or Organization _____

Date Activity Performed: From _____ To _____

Title / Activity Description _____

Supervisor _____ Phone # (____) _____
(Signature)

I have completed _____ hours of Community work on this task.

Student Signature _____ Date _____



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