



FAIRPORT HARDING HIGH SCHOOL

Community Service Program – Time Verification Form

Student Name: _____ **Year of Gradation:** _____

This is to verify that the above named student performed the following community service at location:

DATE	TIME IN	TIME OUT	TOTAL TIME	ACTIVITES

If you have any questions, please check with the Harding High School Office or call 440-354-5400, option 2.

Authorized Signature _____ Date: _____

Title / Position _____