

**Early College High School
Community Service Verification**

Student Full Name _____

Grade Level 9 10 11 12

Event Name: _____

Event Date: _____ Event Location: _____

Number of Hours Served: _____

Name of Supervisor: _____

Email or Phone number of supervisor _____

Supervisor signature (This verifies that the student completed the hours mentioned above. You may be contacted.)

X _____ Date: _____

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