



OUR MISSION IS STUDENT SUCCESS...ACADEMIC, ARTISTIC, AND HUMANISTIC

45 Prince Street at University

Rochester, NY 14607

242-7682

Community Service Verification Form

Student Name: _____
(Please Print)

Student Grade: _____

Name of Organization/Project: _____

Date of Project: _____ **Number of Hours:** _____

Description of Project:

Contact Name: _____

Contact Number: _____