

**AGBU MANOOGIAN-DEMIRDJIAN SCHOOL
STUDENT COMMUNITY SERVICE VERIFICATION RECORD**

Student's Name: _____ **Grade Level:** _____
(Please Print)

Student's Signature: _____

Date(s) of Service: ____ / ____ / ____ - ____ / ____ / ____ **Total # of Hours Completed:** _____

Name/Address of Community Service:

Description of Community Service Performed:

Verified By: _____
(Print Name/Position)

Telephone #: _____

I verify that the above AGBU Manoogian-Demirdjian High School student has successfully completed the Community Service hours as stated above, and has acquired the number of hours indicated towards his/her graduation requirement.

Quality of Service Provided:

Excellent Good Poor

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*Please turn in the completed form to the **College Counselor***