

BUCHANAN COUNTY VERIFICATION OF COMMUNITY SERVICE

Student EmplID: _____ Student Name: _____ Enrollment Term: _____

Date of Service	Total # Hours	Volunteer Organization	Activity or Task Performed	Verifier's Name	Verifier's signature	Verifier's Phone Number

SWCC OFFICIAL USE ONLY

Community Hours Completed through Approved Organization _____

Community Service Incomplete

Student Notified _____ (date)

Authorized Signature/Date _____ / _____

Please turn form into the Financial Aid Office (Dellinger Hall –room 215). Community Service hours must be completed by the end of the semester.