| Student Advocacy and Accountability | | | EDUCATIONAL SERVICE VERIFICATION FORM |
|---|--|--------------------------------------|---|
| SOUTHEASTERN LOUISIANA UNI | | | |
| SLU 10390 Hammond, LA 70402 Ofc: 985-549-2213 Fax: 985-549- www.southeastern.edu/osaa | | | |
| I. Student/Organization's Responsibility | | | |
| You are responsible for completing the completed the hours assigned, you mu | educational service hours species thave the service site supervise | ified in this Educational Services V | Verification Form. When you have |
| It is your responsibility to return thi | | | |
| This form is proof that you have serve part of your disciplinary record. Your | d the service hours required by t | the Office of Student Advocacy and | |
| Print Name W Number | | umber | |
| Signature Date | | | |
| | Educational Service Site Super | | |
| Dear Volunteer Coordinator: | | 1301 | |
| | r student organization the oppor | tunity to volunteer with your organ | ization. Please provide a brief description |
| of the duties performed and the number | er of hours served. If the hours wowing dates and number of comp | vere completed over the course of r | |
| Thank you for your cooperation. | | | |
| A. Community/Work Service | Organization | | |
| Agency Name: | | | |
| | Position: | | |
| Telephone: | Email: | | |
| B. Student/Organization Information | | | |
| Student or Student Organization Na | ime: | | |
| | | | |
| Number of Hours Served: | | 、 | |
| Description of duties performed: | | | |
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| | | | |
| | / | | |
| Site Supervisor (Print Name) | | Signature | Date |
| C. Additional Information/Co | omments | | |
| Please provide any additional information | tion or comments: | | |
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