

# Service Verification Form

All Service Must Be Approved Before Hours Can Be Logged

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

## Section I – to be completed BEFORE the service is performed:

Description of Service to be Performed:

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Parental Permission: I, the parent/guardian of the above-named student, give my permission for my son/daughter to participate in the service activity described above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## When the Service Took Place

Date	Number of Hours	Supervisor's Signature	Title	Phone Number

**TOTAL NUMBER OF HOURS:** \_\_\_\_\_

## Section II – to be completed AFTER the service is performed:

Parental Validation: I, the parent/guardian of the above-named student certify that he/she performed the service described above at the times listed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_