

## Completion of Hours Verification Form

Name: \_\_\_\_\_ Perm: \_\_\_\_\_

Chapter/Organization Affiliation: \_\_\_\_\_

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Service	Organization/Agency Volunteered for	# of Hours Served	Contact Email for Agency Member for Verification

**Signature of Chapter Member:** *By signing this form, you are verifying that you completed this form individually, and are confirming that the above information is truthful and correct for this quarter. If any of this information is incorrect or falsified, your chapter's standing within the University could be negatively affected.*

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

**\*\*Please attach any supplemental documents and/or proof of community service hours completed to this sheet before submission.**