

Community Service Confirmation Form

Total number of hours worked: _____

Dates when hours were completed: _____

Department or Organization where work was done:

Address: _____

Phone: _____

Email: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary compensation was paid to _____.

(Please print name of student)

Supervisor Name: _____

Title: _____

Date: _____

Supervisor's Signature

Date: _____

Student's Signature

Return form to:

Stanford University, OCS
Tresidder Memorial Union
459 Lagunita Drive – Suite 9
Stanford, CA 94305-3010

T 650.725.2485
F 650.736.0247