

Student Engagement 900 N. Portland Ave. Oklahoma City, OK 73107 405-945-6796

okc.studentlife@okstate.edu

osuokc.edu

COMMUNITY SERVICE VERIFICATION FORM

Student Nar	me:	CWID:	CWID:	
Organizatio	n Name:			
Date(s) of S	ervice and Hours Worked	(Additional Slots on bac	k):	
Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Total Amou	nt of Hours Worked:			
Organizatio	n Supervisor Information	:		
Name (Print)		 Email address		
Phone Number	r			
Verification	ո։			
l,		, verify that this student	has completed the hours notated	
above and follo	owed all appropriate rules, reg	ulations, and conduct.		
Signature		 		



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Additional Service Hours:

Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Date	Hours	Date	Hours	
Date Date	Hours	Date	Hours	