

**LOYOLA MARYMOUNT UNIVERSITY**  
**Community Service Verification**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_

STUDENT PHONE: \_\_\_\_\_

NUMBER OF SERVICE HOURS: \_\_\_\_\_

DEADLINE: \_\_\_\_\_

**AGENCY INFORMATION**

AGENCY/GROUP: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**DESCRIPTION OF COMMUNITY SERVICE HOURS**

| Date | Task Performed | # Of Hours | Contact Initials |
|------|----------------|------------|------------------|
|      |                |            |                  |
|      |                |            |                  |
|      |                |            |                  |
|      |                |            |                  |
|      |                |            |                  |
|      |                |            |                  |
|      |                |            |                  |

**CERTIFICATION**

I certify this student completed the hours and tasks described on this form.

\_\_\_\_\_  
 Agency Contact Signature

\_\_\_\_\_  
 Date

Once all fields of this form are completed please return via email to [osccr@lmu.edu](mailto:osccr@lmu.edu), in person, via fax or via US Mail to:

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 Loyola Marymount University  
 1 LMU Drive – Malone 355  
 Los Angeles, CA 90045  
 (310) 258-5491 fax  
 (310) 338-1821phone