



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

*Student Service
Verification of Participation **

To Be Completed by Student:

Name _____ Student Number _____

Address _____

Home Phone _____

Name of School _____ Grade _____

Name of Placement Site _____

Description of Service Performed _____

Dates and Hours of Service _____

Signature of Student _____ Date _____

To Be Completed by Verifying Agent (agency representative/ school sponsor, etc.)

I am pleased to verify that this student has completed the following number of hours toward fulfillment of the thirty-six hour student service requirement for high school graduation.

Name of agency or organization _____

Address _____ Telephone Number _____

Number of Hours of Service _____

Verifying Agent – Please Print

Verifying Agent Signature

* Completed form must be returned by student to Guidance Secretary.

Guidance Secretary returns *yellow* copy to student and forwards *white* copy to school's Data Entry Person.

To be completed by Data Entry Personnel

I have entered the hours identified above to OTA, SS.

Name of Data Entry Person _____ Date _____

Data Entry Personnel Returns *White* Copy to Guidance for Inclusion in Student Cumulative Record.