



**NORTHEASTERN**  
STATE UNIVERSITY

# Volunteer and Service Hours Verification Form

## ORGANIZATION REPRESENTATIVE MUST COMPLETE THIS PORTION

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization City, State & Zip: \_\_\_\_\_

I hereby certify that the listed student has completed \_\_\_\_\_ hours of community service for our organization.

Hours were served between \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and \_\_\_\_ / \_\_\_\_ / \_\_\_\_

_____	_____	_____
Organization Representative Name	Organization Representative Signature	Date
_____	_____	
Title	Phone Number	

## STUDENT MUST COMPLETE THIS PORTION

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	<sup>N</sup> _____
Semester	Phone Number	Student ID



### Division of Student Affairs

601 North Grand Avenue, Tahlequah, OK 74464

Administration (p) 918.444.2120 (f) 918.458.2340

Student Activities (p) 918.444.2526 (f) 918.458.2541