



NORTHEASTERN
STATE UNIVERSITY

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

Semester Phone Number ^N Student ID



Division of Student Affairs

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