

Northeastern Academy
Community Service Form

Date: ____/____/____

Dear Guidance Counselor:

This is to verify that (student name) _____
has successfully completed (number of hours) _____ of community service.

This service was performed from _____, 20__ to _____, 20__.

PLEASE PRINT

Name of Agency: _____

Address: _____

Telephone: () _____ - _____

Contact Person: _____

Sincerely,

Student Signature

Authorized Signature

____/____/____
Date

Position