



**LAWRENCE ACADEMY
COMMUNITY SERVICE**

Student Name: _____ Advisor: _____

Title of Organization: _____

Date(s) of Service/ Time: _____ TOTAL HOURS _____

Contact Person Information:

Name (print): _____ Signature: _____

I hereby verify the TOTAL hours of service listed above

Phone Number: _____ Email: _____

Signature/Date Approved : _____

Student' signature: _____ Date: _____