COMMUNITY SERVICE VERIFICATION

To be completed by Student:

Name: ___________________________  Graduation Year: 20____
Signature of Student: ___________________________
Signature of Parent/Guardian: ___________________________

Student must return completed form to the High School. Photocopies ARE acceptable, as is the same information provided on company letterhead. Form may be faxed to Baltimore Lab School (BLS) at 410-366-7680. Service will not be credited until confirmed by BLS personnel.

To be completed by Verifying Agent (Agency, Representative, etc.):

Verifying Agent’s Name (please print)  Verifying Agent’s Signature
Name of Agency or Organization: ___________________________
Street: ______________________________________
City: ___________________ State: ___________ Zip code: ________
Phone: _______________ Fax: _______________
E-mail: ____________________________________________
Description of Service Performed:
____________________________________________________________________________
____________________________________________________________________________

<table>
<thead>
<tr>
<th>Dates</th>
<th># of Hours</th>
<th>Dates</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Submitted to BLS Community Service Coordinator: ___________________________
Confirmed by:  E-mail_____________  Phone_____________  On date: ______________