

BALTIMORE LAB SCHOOL

THE DIFFERENCE IS EXTRAORDINARY

2220 St. Paul Street • Baltimore, MD 21218 • 410.261.5500 • Fax 410.366.7680 • www.baltimorelabschool.org

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:

Dates	# of Hours	Dates	# of Hours

Date Submitted to BLS Community Service Coordinator: _____

Confirmed by: E-mail _____ Phone _____ On date: _____