COMMUNITY SERVICE VERIFICATION

For service activities completed outside of school, students must submit this form to the BLS Service Learning Hours Coordinator. Photocopies ARE acceptable, as is the same information provided on company letterhead. Thank you!

To be completed by student:

Name of Student: ____________________________  Graduation Year: 20 ______

Name of Parent(s)/Guardian(s): ____________________________

To be completed by Verifying Agent (Agency/Organization):

Verifying Agent's Name: ____________________________

Name of Agency/Organization: ____________________________

Contact Information of Agency/Organization:

Street: ____________________________

City: ____________________________  State: ____________________________  Zip Code: ____________________________

Phone: ____________________________  Fax: ____________________________

E-mail: ____________________________

Description of Service Performed:

________________________________________________________________________

Dates and Hours:

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Submit to Amy Zbikowski at amy.zbikowski@baltimorelabschool.org

Date Submitted to BLS Community Service Coordinator: ____________________________

Confirmed by:  E-mail _________  Phone _________  On date: ____________________________

Baltimore Lab School: A non-public special education school approved by the Maryland State Department of Education