**AMERICAN CRIMINAL JUSTICE ASSOC.**

**SIGMA PI LONG BEACH CITY COLLEGE**

**COMMUNITY SERVICE LETTER OF VERIFICATION FORM**

**NAME**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF SERVICE | TIME SERVED: FROM WHEN TO WHEN? | NUMBER OF HOURS SERVED (TOTAL) | DESCRIPTION OF WHAT YOU DID WHILE THERE |
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I witness that the above student has completed the community service described above.

Signature of Contact Person