## **LEAD Scholars Academy**Service Hours Verification Form

Student Name:	Year: <b>1</b> <sup>st</sup> , <b>2</b> <sup>nd</sup> , <b>U-LEAD</b> UCF	Year: <b>1</b> st, <b>2</b> nd, <b>U-LEAD</b> UCF ID:	
Service Start Date:	Service End Date:		
Service/Event Title:			
Service Agency:			
	n <u>detailed</u> description of the service completed and ach task. This form is to be submitted within 30 da		
DATE	TASK	HOURS	
<b>Ex:</b> 1/6/20	Assisted with registration at event	3	
		ONL V	
	ation (This section is to be completed by the agency representative	ONLY)	
	mpleted by student:		
Agency Representat	cive: Position:		
Authorized Signatur	re: Date:		
E-mail Address:	Phone:		
*Community se	rvice hours performed during Winter Break and/or Summer Break will not be	counted*	
Student Signature:	Date:		
Authorized Signatur E-mail Address: *Community se	Phone: Phone: Phones will not be	counted*	

\*\* Please note agency supervision forgeries or providing false information on this form will result in an academic integrity violation and notification to Student Conduct. \*\*