Program:							
Community Service Time and Record Attestation Form							
Student Name					**Student Email**		
Student Phone Number					**Program Supervisor Contact**	**Cliff-Simon Vital, cvital@ithaca.edu**	
Program Supervisor Contact	**Cliff-Simon Vital, cvital@ithaca.edu**	**Due Date**			**Semester**		**Office Use only:**
It is the responsibility of the student scholar to print and bring this sheet to service opportunities.							
Record Number	**Date**	**Time In**	**Time Out**	**Total Time**	**Site Supervisor Name**	**Site Supervisor email**	**Site Supervisor Signature**
Meets Program Requirement			CSV				
Date of Hours Completed:							