

**Mat-Su Youth United**  
**Community Service Total Hours Verification Form**

Student: \_\_\_\_\_  
 School: \_\_\_\_\_

Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Date (MO./Year) Start-Finish	Agency & Description of Service	Hours
		Total Hours

\*\*\* This form verifies 120 completed hours of service to gain .5 high school credit.

\*\*\* All Exit Forms must be attached and add up to 120 hours.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_