

**Trinity University  
Dean of Students Office  
Community Service Completion Form**

**TO BE COMPLETED BY THE STUDENT:**

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of work hours assigned to student: \_\_\_\_\_

Sanction completion date: \_\_\_\_\_

Case #: \_\_\_\_\_

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**TO BE COMPLETED BY COMMUNITY AGENCY:**

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Representative: \_\_\_\_\_

Position: \_\_\_\_\_

This student worked the following hours:

Date	Hours

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

**PLEASE ATTACH A BUSINESS CARD IN THE SPACE BELOW AND GIVE THE FORM BACK TO THE STUDENT.**

Please return this form to the Student Conduct Board mailbox (Box # 71) at the Mail Center in the Coates University Center.

Created 08/29/2007