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## **Community Service Hours**

| (Name)              |                       |                        |
|---------------------|-----------------------|------------------------|
| Has completed _     | hours of comr         | munity service through |
|                     | (Agency)              |                        |
|                     | by participating in   |                        |
| on this             | day of                | , 20                   |
|                     | (Verifying Signature) |                        |
| (Student Signature) |                       |                        |