

**ALAMEDA COMMUNITY LEARNING CENTER
Graduation Requirements**

COMMUNITY SERVICE VERIFICATION FORM

LEARNER NAME _____ GRADE _____ CLASS OF _____

Name of Agency or Organization _____

Activity / Description _____

The above-named learner has completed _____ hours of community work on this task.

Supervisor Name / Signature _____ Phone # (____) _____

Learner Signature _____ Date _____

Rev. 7/15

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