## RECORD OF COMMUNITY SERVICE REQUIREMENT TO FULFILL JUDICIAL SANCTION

STUDENT NAME:		
STUDENT M#:	STUDENT TELEPHONE #:	
STUDENT E-MAIL ADDRESS:		
DATE OF ASSIGNED COMMUNITY SERVICE:		
PLACE OF COMMUNITY SERVICE:		
SUPERVISOR OF COMMUNITY SERVICE:		
DETAILS FOR COMPLETION OF COMMUNITY SERV	ICE (LENGTH OF ASSI	GNMENT, TIME, PLACE, ETC.):
SIGNATURE OF PRE- APPROVAL BY CONDUCT OFF	ICER/OR ADMINISTR	ATOR:
SIGNATURE		DATE
□ COMMUNITY SERVICE COMPLETED ON:		
	DATE	
□ COMMUNITY SERVICE <u>NOT</u> COMPLETED:	DATE	
COMMENTS:		
Signature, Supervisor of Service:		