



Alabama  
A&M  
University

Office of Judicial Affairs  
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## JUDICIAL AFFAIRS Community Service Completion Form

**To be used as a confirmation of community service for approved organizations/institutions/businesses. Please fill out one form for each entity that received your community service.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Last 4 digits of A#: \_\_\_\_\_

Name of Organization / Agency where you served: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Organization/Agency: \_\_\_\_\_  
\_\_\_\_\_

Agency/Organization Phone Number: \_\_\_\_\_

E-Mail of Organization/Agency Supervisor: \_\_\_\_\_

Brief Description of Community Service Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:	Time-in	Time-out	Supervisor's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours Completed: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Notary (Required)**

\_\_\_\_\_