

**Saint Thomas Academy
Senior Service
Graduation Requirement
Verification Form**

Saint Thomas Academy Senior _____ has successfully completed _____ hours of community service with me today. My signature and phone number below verify these hours of service.

Agency served: _____
Name and date of event or short description of service done:

Signature: _____ Date: _____

Name (printed) _____ Day phone: _____

Please contact Mrs. Jane Doyle at Saint Thomas Academy (651-683-1561) if you have any questions or concerns. Fax number is (651-454-4574).

**Saint Thomas Academy
Senior Service
Graduation Requirement
Verification Form**

Saint Thomas Academy Senior _____ has successfully completed _____ hours of community service with me today. My signature and phone number below verify these hours of service.

Agency served: _____
Name and date of event or short description of service done:

Signature: _____ Date: _____

Name (printed) _____ Day phone: _____

Please contact Mrs. Jane Doyle at Saint Thomas Academy (651-683-1561) if you have any questions or concerns. Fax number is (651-454-4574).