## SOUTH CHOCTAW ACADEMY

## SERVICE VERIFICATION FORM

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(STUDENT NAME)	(DATE OF SERVICE)
	( Samue of Oxixeriob)
ODG (A) WG (GYO) W	
ORGANIZATION/ GROUP	*
LOCATION	
SERVICE DESCRIPTION	
to is	4
*	
•	•
HOURS EARNED	
	.*
SIGNATURE OF ADULT RESPONSIBLE I verify that I supervised said student in the service/active	vity stated above and the Hill

and correct.) .