



XAVIER UNIVERSITY OF LOUISIANA

Center for Student Leadership & Service

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Volunteer Services Verification Form

Date _____ Name _____ Student ID _____

Email Address _____ Telephone _____ Classification _____

Please check all that apply:

Personal Verification request _____

School/organization verification request _____

Name and address of Person/Organization receiving letter:

	Organization	Program/Event	Month/Year	For Office Use Only Total Hrs
1				
2				
3				
4				
5				
6				
7				
			Total Hours	
			Staff Entered By:	