DEPARTMENT of EDUCATION
Louisiana Believes

# COMMUNITY SERVICE DIPLOMA ENDORSEMENT
# STUDENT DOCUMENTATION FORM

**DIRECTIONS:** Use this sheet to document your hours of service. Only service hours that include a supervising adult signature and email or phone number will be eligible for service credit.

| Student Name | School Name | Parish Name | Current Grade |
|---|---|---|---|
| | | | |

| Date(s) of Completed Service: | Number of Hours: |
|---|---|
| | |

**Description of Service:** SELECT A CATEGORY

Enter a brief description here.

**Adult Supervisor Name:**

| Adult Supervisor Phone Number: | Adult Supervisor Email: |
|---|---|
| | |

**Adult Supervisor Signature:**

**X**

**Student Signature:**

**X**