



Lafayette School Corporation Service Verification Letter



To Whom It May Concern:

Please accept this letter as confirmation that the student listed below has been a participant for a **minimum of 75 hours**.

Student Name: _____

Date(s) Participated: _____ Organization/Group: _____

Position(s) Held by Student: _____

Student Job Duties: _____

Contact Name: _____

Phone Number/Email: _____

Is/Was this student actively engaged? ☐ Yes ☐ No

Do you believe this student has employability skills? ☐ Yes ☐ No

If you were hiring, would you hire this student? ☐ Yes ☐ No

In the event you should have any questions or need additional information, please contact us.

Signature: _____

Title: _____

Date: _____