## Ouachita Baptist University Elrod Center for Family and Community TranServe Hour Verification Form

First Name:		Last Name:		
OBU I.D. #	OBU Box:	Phone:		
Semester/Year: Today's Date:				
Major: Minor:				
Classification: Expected Date of Graduation:/				
Was your service required for a class? Yes No				
If yes, Course Name/ Number: Instructor:				
Dates	Service Task Completed	Agency/Organization Name	Hours	Supervisor Signature
Total hours served this semester  I certify that I have completed all the hours recorded on this form.				

Student Signature \_\_\_\_\_