

**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: _____

Expected Date of Graduation: ____/____/____

Was your service required for a course? ___Yes___No

If yes, Course Name/ Number: _____

Instructor: _____

Dates	Service Task Completed	Agency Name	Hours	Supervisor Signature

I certify that I have completed all hours recorded on this form.

Student Signature _____