



Office of Judicial Affairs
238 Sykes Union
West Chester, PA 19383
(610) 436-3511

CASE # _____

SANCTION VERIFICATION FORM

STUDENT NAME: _____

ADDRESS: _____

(SUMMARY DESCRIPTION OF COMPLETED EDUCATIONAL SANCTION (I.E., TASK COMPLETED, NUMBER OF HOURS SPENT, ETC))

DATE

PROJECT/TASK

Number of Hours

Name and Title of Project Coordinator _____

Address of Project Coordinator _____

Telephone of Verifying Coordinator _____

Signature of Verifying Coordinator _____

RETURN THIS FORM TO: _____ by _____

(Hearing Officer)

(Date)

Please contact _____ (Hearing Officer) at _____ with any questions.

Thank you.

Phone #

Revised 6/04