

Liberty Pines Academy Student Community Hours Verification Letter Request

Adult confirming hours worked: _____

Name of Volunteer: _____

Grade/Teacher where letter will be sent: _____

Date	Activity/Location	Time In	Time Out	Total time (Please Total)	Comments on performance (e.g. helpful, prepared, prompt, enthusiastic)

Please submit this form to the LPA PTO Secretary to have a verification letter printed on PTO letterhead.
Or email this information to PTO Secretary at brianntoda@earthlink.net