

**Passaic County Technical Institute**  
45 Reinhardt Road  
Wayne, New Jersey 07470

**To: School Counselor**

**This letter is to certify that \_\_\_\_\_**  
**Student's name**

**has completed \_\_\_\_\_ hours of community service at :**  
**#**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Address and Telephone #**

**From: \_\_\_\_\_ To: \_\_\_\_\_**  
**Date Date**

\_\_\_\_\_  
**Signature of Certifying Official**

\_\_\_\_\_  
**Today's Date**