## Student Activity Verification Form For Inclusion on Student Transcript

## To the Activity Advisor:

Please verify with your signature that the student was in your activity during the school year indicated. Return this form to the student to bring to the School Counseling Department.

Thar	nk you,						
Mu	ch Bucci						
	Bucci						
Dire	ctor of Student Perso	onnel Services					
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Stud	lent 's Last Name	First Name	ID#	Counselor			

Activity	School Year	Advisor's Name (Print)	Advisor's Name (Signature)	Date Signed
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