

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Rafael Alegre

Instructor Contact Information:

Jeremy Ellis - Cell (806) 470-6687 or Office (806) 725-8940  
Annie Harrison - Cell (806) 224-3078 or Office (806) 725-8923

Community Site: The Hub / AA Date: 9-15-22

Student's Arrival Time: 5:00p Departure Time: 6:45p

Printed Name of Staff: Clayton Harrison Signature: 

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_