

**Covenant School of Nursing  
Community Service Verification Form  
Instructional Module 5**

This is to verify that DAWSON DELANEY has completed community service hours as part of the IM5 course requirement.

Date: 2-20-24

Facility/Organization: COOPER EAST ELEMENTARY

Time In: 8:00 Time Out: 12:00

Supervisor: [Signature]

Contact Information (phone or e-mail): Tharrison@lcisd.net

Comments: \_\_\_\_\_  
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For questions or comments, please contact Jodi Tidwell (806) 543-4372 or [tidwellj1@covhs.org](mailto:tidwellj1@covhs.org)