



EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

**Office of Student Conduct
Community Restitution Verification Form**

I, _____ hereby certify that _____
(Printed name of certifying official) (Printed name of student)

Performed a total of _____ hours of community restitution as follows:

Date(s):	Time(s):	Duties:

Evaluation of Performance:

Signature of Certifying Official

Date

Title of Certifying Official

Agency Name

Agency Address

Agency Telephone Number

Restitution performed at locations that have not been previously approved by the Director of the Office of Student Conduct may be denied.

**Return form to: Mr. Angelo Simoni, Director of the Office of Student Conduct
Eastern Connecticut State University, Wood Support Services, 254
83 Windham Street
Willimantic, CT 06226
Email: simonia@easternct.edu
Fax: 860-465-5028**