



Mercy Service Record Sheet

for Incoming Freshwomen and Transfers Only

Please obtain the following information so that you can record it in x2VOL when you start classes in September at Mercy.

Name of Contact Person to verify hours _____

Name of Agency/Organization _____

Email for the Contact Person _____

**Required – You need to provide this so we may verify your service.*

Telephone # for Contact Person _____

**Required if they do not have an email address.*

Date (s) of your Service _____

Total Number of Hours _____

Description of Service _____

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